


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 580411 1. Entity Name LAKES ELECTRONICS, INC.	
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Principal Place of Business 5245 N. UNIVERSITY DR. LAUDERHILL, FL 33351-5005	Mailing Address 5245 N. UNIVERSITY DR. LAUDERHILL, FL 33351-5005
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04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MACPHERSON, FRANCES O.  
 5245 N. UNIVERSITY DR.  
 LAUDERHILL, FL 33351

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *F. MacPherson* F. MACPHERSON PRESIDENT 4/25/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACPHERSON, FRANCES O. 5245 N. UNIVERSITY DR. LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACPHERSON, ROBERT E. 5245 N. UNIVERSITY DR. LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM MACPHERSON, ANDREW, E 5245 N. UNIVERSITY DR LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/30/05-80051-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *F. MacPherson* F. MACPHERSON 4/25/05 (954) 749-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #