## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # 597446** 

## FILED May 18, 2005 8:00 am Secretary of State 05-18-2005 90235 001 \*\*\*300.00

Zip Country Zip Country 5.9-1870616	1. Entity Nam LHP SPC	ne DRTS, INC.							
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1212005   Chg-P   CR2E034 (10/03)   City & State   City & State   4. FEI Number   4. FEI Number   Applied   Applied   Applied   Sp-1870616   Not Apr.   Applied   Sp-1870616   Not Apr.   Applied   Sp-1870616   Not Apr.   Applied   Sp-1870616   Sp-1870616   Not Apr.   Applied   Sp-1870616	1821 N.E. 2	5 STREET	1821 N.E. 25 STREET	1821 N.E. 25 STREET					
City & State	2. Principal P	Place of Business	3. Mailing Address	. Mailing Address					
Zip Country Zip Country 5.9-1870616 S. Certificate of Status Desired See Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  MEDALIE, DONALD B 1401 E. BROWARD BLVD, STE 206 FT. LAUDERDALE, FL 33301  City FL Zip Code  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 a the obligations of registered agent.  SIGNATURE  Signature, speed or printer name of registered agent and this 4 acplicable. (NOTE Registered Agent signature required when remaining)  After May 1, 2005 Fee will be \$550.00  Gettier Agent signature required when remaining)  OFFICERS AND DIRECTORS  TITLE  STO  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE  STO  OFFICERS AND DIRECTORS  TITLE  MAME  YOUNG, BRUCE P  NAME  NAME  MAME  MAME  MCKAY, WILLIAM R  MAME  MCKAY, WILLIAM R  MAME  MCKAY, WILLIAM R  Delde  ITTLE  D  ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME  NAME  MAME  MAME  MAME  MAME  MAME  MAME  STREET ADDRESS  TITLE  TITLE  D  ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME  MAME  MAME  MAME  MAME  STREET ADDRESS  TITLE  TITLE  D  ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME  MAME  MAME  MAME  STREET ADDRESS  TITLE  TITLE  D  ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME  MAME  MAME  MAME  STREET ADDRESS  TITLE  TITLE  D  ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME  MAME  MAME  MAME  STREET ADDRESS  TREET ADDRESS  TR	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-P	CR2E03	34 (10/03)	
6. Name and Address of Current Registered Agent  MEDALIE, DONALD B 1401 E. BROWARD BLVD, STE 206 FT. LAUDERDALE, FL 33301  Street Address (P.O. Box Number is Not Acceptable)  City FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent.  SIGNATURE  Squaire, noted or pretice have of registered agent and title if applicable.  (NOTE registered Agent strongers in the fine purpose of changing financing and pretice agent and title if applicable.  (NOTE registered Agent strongers in the financing agent and title if applicable.  (NOTE registered Agent strongers in the financing agent and title if applicable.  (NOTE registered Agent agent are agent and title if applicable.  (NOTE registered Agent strongers when rendating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing and Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  YOUNG, BRUCE P  YOUNG, BRUCE P  YOUNG, BRUCE P  STREET ADDRESS  CITY-ST-ZIP  LIGHTHOUSE PT, FL 33064  TITLE  NAME  MCKAY, WILLIAM R  STREET ADDRESS  1821 N.W. 25TH STREET  LIGHTHOUSE POINT, FL 33064  Delde  TITLE  NAME  STREET ADDRESS  1821 N.E. 25 STREET  LIGHTHOUSE POINT, FL 33064  TITLE  NAME  STREET ADDRESS  1821 N.E. 25 STREET	City & State		City & State	City & State				<del></del>	pplied For at Applicable
MEDALIE, DONALD B 1401 E. BROWARD BLVD, STE 206 FT. LAUDERDALE, FL 33301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, home or pretice name of repaired agent and tills if applicable (NOTE Regalated Agent sphalure required when rentating)  DATE  FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TILL STD VOUNG, BRUCE P NAME YOUNG, BRUCE P STREET ADDRESS 1821 N.W. 25TH STREET LIGHTHOUSE PT, FL 33064  TILL NAME STREET ADDRESS 1821 N.E. 25 STREET LIGHTHOUSE POINT, FL 33064  CITY-ST-2P  ITILE  D Change Change Change CITY-ST-2P  ITILE  D Change Change Change CITY-ST-2P  ITILE  MAME STREET ADDRESS 1821 N.E. 25 STREET LIGHTHOUSE POINT, FL 33064  STREET ADDRESS 1821 N.E. 25 STREET	Zip	Country	Zip	Country	5. Certificat	e of Status Desired			
MEDALIE, DONALD B 1401 E. BROWARD BLVD, STE 206 FT. LAUDERDALE, FL 33301  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.  SIGNATURE  Signature, types or privited name of registered agent agent and tills of applicable.  (NOTE Registered Agent separate required when remastered)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  DEBET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TILL  STD  YOUNG, BRUCE P  SIRET ADDRESS  LIGHTHOUSE PT, FL 33064  TITLE  MCKAY, WILLIAM R  SIRET ADDRESS  LIGHTHOUSE POINT, FL 33064  CITY-ST-ZP  LIGHTHOUSE POINT, FL 33064  CITY-ST-ZP  LIGHTHOUSE POINT, FL 33064  TITLE  D Delete  TITLE  D Delete  STREET ADDRESS  LIGHTHOUSE POINT, FL 33064  CITY-ST-ZP  LIGHTHOUSE POINT, FL 33064  CITY-ST-ZP  STREET ADDRESS  LIGHTHOUSE POINT, FL 33064  STREET ADDRESS  STREET ADDRESS  LIGHTHOUSE POINT, FL 33064  STREET ADDRESS  STR		6. Name and Address of Currer	nt Registered Agent		7. Name an	d Address of New R	egistered A	gent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent.    Signature	1401 E. BF	ROWARD BLVD, STE 206		iress (P.O. Box Num	ber is Not Acceptable	a)			
the obligations of registered agent.    SIGNATURE   Signature, hoped on printed name of registered agent and title if applicable.   (NOTE: Registered Agent argusts agrature required when reinstating)   DATE				'				.,	_
TITLE STD Delete TITLE NAME  NAME YOUNG, BRUCE P STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE PT, FL 33064  TITLE D Delete TITLE NAME MCKAY, WILLIAM R STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064  TITLE D Delete TITLE NAME MCKAY, WILLIAM R STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064  TITLE D Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE D Delete TITLE STREET ADDRESS CITY-ST-ZIP  TITLE D D Delete TITLE NAME KLEINHENZ, DOMNINIC J STREET ADDRESS	SIGNATURE_ FIL After Ma	Signature, typed or printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campaig  1.00 Trust Fund Contri	gn Financing ibution.	\$5.00 May Be Added to Fees				
NAME STREET ADDRESS 1821 N.W. 25TH STREET STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE PT, FL 33064  CITY-ST-ZIP  TITLE D NAME MCKAY, WILLIAM R STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064  CITY-ST-ZIP  TITLE D NAME STREET ADDRESS CITY-ST-ZIP  TITLE D NAME KLEINHENZ, DOMNINIC J STREET ADDRESS 1821 N.E. 25 STREET STREET ADDRESS			D DIRECTORS	11.	ADDITIONS	S/CHANGES TO OFFI	ICERS AND	DIRECTOR	S IN 11
NAME MCKAY, WILLIAM R STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP  ITILE D Charge NAME KLEINHENZ, DOMNINIC J STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	name Street address	YOUNG, BRUCE P 1821 N.W. 25TH STREET LIGHTHOUSE PT, FL 33064	□ Deiele	NAME STREET ADDRESS				Change	☐ Addition
NAME KLEINHENZ, DOMNINIC J NAME STREET ADDRESS 1821 N.E. 25 STREET STREET ADDRESS	name Street address	MCKAY, WILLIAM R 1821 N.E. 25 STREET		NAME STREET ADDRESS				Change	☐ Addition
City-st-ZiP	NAME	KLEINHENZ, DOMNINIÇ J		NAME				Change .	Addition
TITLE         PD         Delete         TITLE         Change	NAME STREET ADDRESS	GOBERVILLE, THOMAS 1821 N.E. 25 STREET		NAME STREET ADDRESS				☐ Change	☐ Addition
TITLE Delete TITLE Change Change  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CHANGE  CITY-ST-ZIP  CHANGE  CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS				Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		NO DESCRIPTION			☐ Addition

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 of that other like and other statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #