2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# 701104

Entity Name: LEXINGTON ARMS, INC.

Current Principal Place of Business:

2850 N.E. 30TH ST.
FT. LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2850 N.E. 30TH ST.
SUITE 11
FT. LAUDERDALE, FL 33306

New Mailing Address:

2850 N.E. 30TH ST.
FT. LAUDERDALE, FL 33306

FEI Number: 59-0954301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATER, LOUISE
2850 N.E. 30TH ST., #11
FT. LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	EPOSITO, PAM	
Address:	2850 NE 307L ST. #18	
City-St-Zip:	FORT LAUDERDALE, FL 33306	
Title:	T/D	( ) Delete
Name:	PATER, LOUISE	
Address:	2850 NE 30TH ST #11	
City-St-Zip:	FT. LAUDERDALE, FL 33306	
Title:	S	( ) Delete
Name:	CLARK, KEVIN	
Address:	2850 NE 30TH ST. #8	
City-St-Zip:	FORT LAUDERDALE, FL 33306	
Title:	D	(X) Delete
Name:	SCHOEEFEL, HOWARD	
Address:	2850 NE 30TH STREET #9	
City-St-Zip:	FORT LAUDERDALE, FL 33306	
Title:	VP	( ) Delete
Name:	GIREST, SUZANNE	
Address:	2850 NE 30TH ST #4	
City-St-Zip:	FORT LAUDERDALE, FL 33306	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	ESPOSITO, PAM	
Address:	2850 NE 307L ST. #18	
City-St-Zip:	FORT LAUDERDALE, FL 33306	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	GUEST, SUZANNE	
Address:	2850 NE 30TH ST #4	
City-St-Zip:	FORT LAUDERDALE, FL 33306	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE PATER TREA 02/11/2009

Electronic Signature of Signing Officer or Director — Date