2006 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

FILED Apr 28, 2006 08:00 AM Secretary of State

205-221-4000 Dayrima Phone ii

ANNUAL REPORT				Secretary of State			
DOCU	MENT # F010000028			Secre	iary of Stat		
1. Enlity Nam LEC PRO	PERTIES, INC.						
Principal Plac	e of Business	Mailing Address	<u>1</u>	-			
		505 NORTH 20TH STREET SUITE 1015		}			
		BIRMINGHAM, AL 35203		3 (25.5)(4.5)	Burgi (Cur Maco anic anic		27 TT (18.52)
				- }			
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	O NOT WRITE	IN THIS SPA	CE	04122006	No Chg-P	CR2E034 (11/05)	
	O HOL WILLIE,			4. FEI Numb 63-105		 	ied For Applicable
		- -	=	5. Certificate	of Status Desired	S8.75 Addition	isnc
	6. Name and Address of Current Re	istered Agent	-		· · · · · · · · · · · · · · · · · · ·		
JAMES, KI	EITH A ESQ.			DO	NOT W	DITE	
222 LAKEVIEW AVE. SUITE 800 WEST PALM BEACH, FL 33418							
WESTER	EN BENOT, I'E 95410			IN	THIS SP	ACE	•
}). 				
	named entity submits this statement for the	e purpose of changing its registe	red alfice or regist	ered agent, or bo	xh, in the State of Flo	rida. I am familiar with, an	id accept
}	nate of rogistored begans.				-		
SIGNATURE -	Signature, typed or printed name of registered agent and	lite it applicable. (NOTE, Register	ed Agent signature requi	ed when reinstating)		DATE	
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		5.00 May Be ided to Fees			
10.	OFFICERS AND DIS	RECTORS					
NAME	CP ENGEL, ALAN Z				•	_	-
STREET ADDRESS	505 NORTH 20TH STREET						
CITY-ST-ZIP	BIRMINGHAM, AL 35203		_[•			
NAME	{ DS } LEVOW, ALAN D	_	1		HODDD	542672	
SIRELI ADDRESS	505 NORTH 20TH STREET	·-			05/10/06-	542672 80105-024 150	.00
CITY-ST-ZIP	BIRMINGHAM, AL 35203	<u> </u>			••		
NAMAE	RIGSBY, HAROLD		1				
STREET ADDRESS	505 NORTH 20TH STREET			DO	NOT W	RITE	
CITY-ST-ZIP	BIRMINGHAM, AL 35203		-{		•		
NAME	}		l	IN	THIS SP	ACE	
STREET ADDRESS							
TITLE			-		* * -	·	,
NAME	}		1				
STREET ADDRESS	}		!				
CITY-57-ZIP			-				
TOTLE NAME	}		1				
STREET ADDRESS	}		I				

12. It hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

MINTED NAME OF SIGNING OFFICER OR DIRECTOR