2007 FOR PROFIT CORPORATION

Jan 26, 2007 8:00 am Secretary of State ANNUAL REPORT 01-26-2007 90036 026 ***158.75 DOCUMENT # F0100005081 THE LORD AND LASKER COMPANY 60007551 Principal Place of Business Mailing Address 109 S EDISON AVE P.O. BOX 8757 LAKELAND, FL 33806 **TAMPA, FL 33606** 01142007 No Chg-P CR2E034 (11/05) -DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3711647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent HARWELL, CHRISTOPHER C DO NOT WRITE 109 S EDISON AVE TAMPA, FL 33606 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HARWELL, CHRISTOPHER C NAME STREET ADDRESS 109 S EDISON AVE TAMPA, FL 33606 CITY-ST-ZIP 71TLF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher C. Harwell

1/23/2007

Date

813/287-0028

FILED

Daytime Phone #