2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001459

Entity Name: LHI HOLDINGS, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4512 N FLAGLER DRIVE #201

WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

PO BOX 6848

W PALM BEACH, FL 334056848

FEI Number: 01-0655257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILLARY HARRISON GULDEN, ESQ
4512 N FLAGLER DR
4514 N FLAGLER DR
4514 N FLAGLER DR
4514 N FLAGLER DR

#201 A #201 A

WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 US

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: HILLARY H GULDEN 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS () Delete Title: PD (X) Change () Addition

 Name:
 MAY, MARK R
 Name:
 MAY, MARK R

 Address:
 4512 N FLAGLER DR SUITE 201
 Address:
 4512 N FLAGLER DR SUITE 201

City-St-Zip: W PALM BEACH, FL 33407 City-St-Zip: W PALM BEACH, FL 33407

Title: VP () Delete Title: VP (X) Change () Addition Name: KAROSAS, MICHAEL R KAROSAS, MICHAEL R

Address: 4512 N FLAGLER DR SUITE 201 Address: 4512 N FLAGLER DR SUITE 201
City-St-Zip: W PALM BEACH, FL 33407 City-St-Zip: W PALM BEACH, FL 33407

Title: TCFO () Delete Title: ST (X) Change () Addition

Name: COVE, MICHAEL Name: COVE, MICHAEL L

Address: 4512 N. FLAGLER DRIVE #201 Address: 4512 N. FLAGLER DRIVE #201
City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R MAY PD 04/26/2007