

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # F03000000628

**1. Entity Name
LEXINGTON MANAGEMENT GROUP, INC.**



**Principal Place of Business
C/O CALER DONTEN LEVINE, ET AL
505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401**

**Mailing Address
C/O CALER DONTEN LEVINE, ET AL
505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
13-3480368**

**Applied For
Not Applied**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DRUKER, SCOTT
C/O CALER DONTEN LEVINE, ET AL
505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
HANLEY, W L
25 JUNGLE ROAD
PALM BEACH, FL 33480**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HOFFMAN, A A
25 JUNGLE ROAD
PALM BEACH, FL 33480**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CARDUCCI, F N
535 MADISON AVE., SUITE 7, 35TH FLOOR
NEW YORK, NY 100224212**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SLADE, J J
535 MADISON AVE., SUITE 7, 35TH FLOOR
NEW YORK, NY 100224212**

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

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

**U000000417378
02/13/06-80050-014 150.00**

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/30/06