

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000628

FILED
Jan 16, 2009
Secretary of State

Entity Name: LEXINGTON MANAGEMENT GROUP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 13-3480368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

COHEN, LOUIS M
C/O CALER DONTEN LEVINE, ET AL
505 SOUTH FLAGLER DRIVE, SUITE 900
WEST PALM BEACH, FL 33401 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: LOUIS M. COHEN

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: HANLEY, W L
Address: 25 JUNGLE ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: V () Delete
Name: HOFFMAN, A A
Address: 25 JUNGLE ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: STD () Delete
Name: CARDUCCI, F N
Address: 535 MADISON AVE., SUITE 7, 35TH FLOOR
City-St-Zip: NEW YORK, NY 100224212

Title: D () Delete
Name: SLADE, J J
Address: 535 MADISON AVE., SUITE 7, 35TH FLOOR
City-St-Zip: NEW YORK, NY 100224212

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: HANLEY, W L
Address: 250 JUNGLE ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: V (X) Change () Addition
Name: HOFFMAN, A A
Address: 250 JUNGLE ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.L. HANLEY

PCD

01/16/2009

Electronic Signature of Signing Officer or Director

Date