

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001227

Entity Name: LWL MANAGEMENT, INC.

FILED
Jul 15, 2005
Secretary of State

Current Principal Place of Business:

1400 WEST SHADY GROVE
GRAND PRAIRIE, TX 75050

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530994
GRAND PRAIRIE, TX 75050

New Mailing Address:

P.O. BOX 531060
GRAND PRAIRIE, TX 75053

FEI Number: 75-2797513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL ST.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPS () Delete
Name: LEWIS, KYLE
Address: 1400 WEST SHADY GROVE
City-St-Zip: GRAND PRAIRIE, TX 75050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPS (X) Change () Addition
Name: LEWIS, KYLE
Address: 1400 WEST SHADY GROVE ROAD
City-St-Zip: GRAND PRAIRIE, TX 75050

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KYLE LEWIS

CPS

07/15/2005

Electronic Signature of Signing Officer or Director

_____ Date