2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# F03000005786

Entity Name: LYON MANAGEMENT GROUP, INC.

Current Principal Place of Business:

4901 BIRCH STREET
NEWPORT BEACH, CA 92660

New Principal Place of Business:

Current Mailing Address:

4901 BIRCH STREET
NEWPORT BEACH, CA 92660

New Mailing Address:

FEI Number: 33-0560238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: SURYAN, FRANK T JR.
Address: 4901 BIRCH STREET
City-St-Zip: NEWPORT BEACH, CA 92660

Title: P ( ) Delete
Name: MARTIN, CHERYL A
Address: 4901 BIRCH STREET
City-St-Zip: NEWPORT BEACH, CA 92660

Title: CFO ( ) Delete
Name: SOUTHRON, SCOTT A
Address: 4901 BIRCH STREET
City-St-Zip: NEWPORT BEACH, CA 92660

Title: CD ( ) Delete
Name: LYON, WILLIAM
Address: 4490 VON KARMAN
City-St-Zip: NEWPORT BEACH, CA 92660

Title: S (X) Delete
Name: FRANKEL, RICHARD E
Address: 1620 LA LOMA DRIVE
City-St-Zip: SANTA ANA, CA 92705

Title: SEC ( ) Delete
Name: BARTMETTLER, MICHAEL A
Address: 4901 BIRCH STREET
City-St-Zip: NEWPORT BEACH, CA 92660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MICHAEL A BARTMETTLER S 04/11/2008

Electronic Signature of Signing Officer or Director — Date