2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000006473

1. Entity Name
"LD" COMPREHENSIVE SERVICES, LTD., INC.

Principal Place of Business	Mailing Address
135-C EAST ST. CHARLES ROAD CAROL STREAM, IL 60188	135-C EAST ST. CHARLES ROAD CAROL STREAM, IL 60188

DO NOT WRITE IN THIS SPACE

01162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
36-3767879	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	DOHERR, DOUGLAS
STREET ADDRESS	135-C EAST ST. CHARLES ROAD
CITY-ST-ZIP	CAROL STREAM, IL 60188

TITLE	S
NAME	MARTINEZ, PRISCILLA K
STREET ADDRESS	135-C E ST CHARLES RD
CITY-ST-ZIP	WOODSTOCK, GA 30188

TITLE	V
NAME	DANIELS, LARRY D
STREET ADDRESS	39W552 W. HALADAY LANE
CITY-ST-ZIP	GENEVA, IL 60134

TITLE	V
NAME	DANIELS, LYLE A
STREET ADDRESS	1055 HUDSON CT.
CITY-ST-ZIP	BARTLETT, IL 60103

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: _____ Douglas Doherr _____ 3/9/07 _____ 630 871 1634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #