2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F47688

Entity Name: MIKE LAMB, INC.

FILED Dec 14, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 14300 COLLIER BLVD
 1790 39TH STREET S.W.

 NAPLES, FL 34119
 US

 NAPLES, FL 34117
 US

Current Mailing Address: New Mailing Address:

 14300 COLLIER BLVD
 1790 39TH STREET S.W.

 NAPLES, FL 34119
 US

 NAPLES, FL 34117
 US

FEI Number: 59-2357316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAMB, CAROL R.

14300 COLLIER BLVD
NAPLES, FL 34119 US
LAMB, CAROL R.

1790 39TH STREET S.W.
NAPLES, FL 34117 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: 12/14/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: V (X) Change () Addition

Name: LAMB, EARL, Name: LAMB, EARL W

 Address:
 14300 COLLIER BLVD
 Address:
 1790 39TH STREET S.W.

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34117 US

 Name:
 LAMB, CHARLES M
 Name:
 LAMB, CHARLES M

 Address:
 14300 COLLIER BLVD
 Address:
 1790 39TH STREET S.W.

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34117 US

 Name:
 LAMB, CAROL
 Name:
 LAMB, CAROL R

 Address:
 14300 COLLIER BLVD
 Address:
 1790 39TH STREET S.W.

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34117 US

Title: () Delete Title: V () Change (X) Addition

 Name:
 Name:
 LAMB, CODY J

 Address:
 Address:
 1790 39TH STREET S.W.

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34117 US

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: CAROL R. LAMB S 12/14/2005