

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50110

Entity Name: LAKES MANAGEMENT CORP.

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

2005 W CYPRESS CREEK RD
SUITE 202
FT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2005 W CYPRESS CREEK RD
SUITE 202
FT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0479057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTTERS, SAMUEL
7754 LA CORNICHE CIR
BOCA RATON, FL 33433 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: PD () Delete
Name: BUTTERS, SAMUEL,
Address: 7754 LA CORNICHE
City-St-Zip: BOCA RATON, FL

Title: STD () Delete
Name: BUTTERS, NATHAN,
Address: 2764 NW 28TH ST
City-St-Zip: BOCA RATON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SAMUEL BUTTERS

PD

05/22/2007

Electronic Signature of Signing Officer or Director

Date