2008 FOR PROFIT CORPORATION

FILED Feb 01, 2008 08:00 Al **ANNUAL REPORT Secretary of State** DOCUMENT #F91145 1. Entity Name L.A.M. MANAGEMENT, INC. Principal Place of Business Mailing Address 901 VENETAI BAY BLVD PO BOX 1908 SUITE 300 NOKOMIS, FL 34274 US VENICE, FL 34292-4045 US 01212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-2204355 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITCHELL, RICHARD J CEO DO NOT WRITE PO BOX 1908 NOKOMIS, FL 34274 IN THIS SPACE 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. Lam familiar with, and accept Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be U000000810580 П After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **DSPV** TITLE MITCHELL, RICHARD J NAME STREET ADDRESS 901 VENETIA BAY BLVD STE 300 CITY-ST-ZIP VENICE, FL TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE

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 any address, with all griner like empowered.

STREET ADDRESS CUIY-SI-7P TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR