


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90412 001 ***600.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F93000001995 1. Entity Name LAKEVIEW HOLDINGS, LIMITED COMPANY	
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66012399

Principal Place of Business 4 COLUMBUS CENTRE WICKHAMAS CAY, ROAD TOWN TORTOLA, BRITISH VIRGIN ISLE,	Mailing Address 801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131-2851
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01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MANSFIELD, ABDIEL AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA PISO NO.10 PANAMA 1, R D P,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LEDEZMA, HERIBERTO AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA PISO NO.10 PANAMA 1, R D P,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BROCE, BRUNILDA AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA PISO NO.10 PANAMA 1, R D P,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: M. Mansfield 4/10/06 305-381-8340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #