

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005637

Entity Name: LHTW PROPERTIES, INC.

FILED
Jul 10, 2006
Secretary of State

Current Principal Place of Business:

1140 WEST PENDER STREET
SUITE 1680, VANCOUVER, BRITISH COLUMBIA
V6E 4G1, XX

Current Mailing Address:

1140 WEST PENDER STREET
SUITE 1680, VANCOUVER, BRITISH COLUMBIA
V6E 4G1, XX

New Principal Place of Business:

1140 WEST PENDER STREET
SUITE 1680,
VANCOUVER, BC V6E4G1

New Mailing Address:

1140 WEST PENDER STREET
SUITE 1680, VANCOUVER, BRITISH COLUMBIA
VANCOUVER, BC V6E4G1 XX

FEI Number: 98-0137391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: GAINES, PATRICK
Address: 1680-1140 W PENDER STREET
City-St-Zip: VANCOVER, BC V6E 4G1

Title: ST () Delete
Name: GAINES, CAROLYN
Address: 1680-1140 W PENDER ST
City-St-Zip: VANCOVER, BC V6E 4G1

Title: D () Delete
Name: SCHULZ, RICHARD
Address: 1680-1140 W PENDER ST
City-St-Zip: VANCOVER, BC V6E 4G1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GAINES, CAROLYN
Address: 1680-1140 W PENDER ST
City-St-Zip: VANCOVER, BC V6E 4G1

Title: TD (X) Change () Addition
Name: SCHULZ, RICHARD
Address: 1680-1140 W PENDER ST
City-St-Zip: VANCOVER, BC V6E 4G1

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN GAINES

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07/10/2006

Electronic Signature of Signing Officer or Director

Date