

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001243

FILED
May 12, 2010
Secretary of State

Entity Name: LAKELAND VENTURE, INC.

Current Principal Place of Business:

% ALLEN ASSOCIATES PROPERTIES, INC.
1320 CENTRE STREET, STE 403
NEWTON CENTRE, MA 02459 US

New Principal Place of Business:

Current Mailing Address:

% ALLEN ASSOCIATES PROPERTIES, INC.
P. O. BOX 590249
NEWTON CENTRE, MA 02459 US

New Mailing Address:

FEI Number: 04-3225710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES, INC.
3953 WW KELLY RD.
TALLAHASSEE, FL 32311 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: PTD
Name: ALLEN, MATTHEW B
Address: 1320 CENTRE STREET, STE 403
City-St-Zip: NEWTON CENTRE, MA 02459 US

Title: D
Name: ALLEN, DOUGLAS W
Address: 1320 CENTRE STREET, STE 403
City-St-Zip: NEWTON CENTRE, MA 02459 US

Title: VPTD
Name: ALLEN, DOUGLAS W
Address: 1320 CENTRE STREET, STE 403
City-St-Zip: NEWTON CENTRE, MA 02459 US

Title: D
Name: ALLEN, MATTHEW B
Address: 1320 CENTRE STREET, STE 403
City-St-Zip: NEWTON CENTRE, MA 02459 US

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW B. ALLEN

PRES

05/12/2010

Electronic Signature of Signing Officer or Director

Date