

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004807

FILED
Jan 31, 2006
Secretary of State

Entity Name: HENRY V. LIONE ENTERPRISES LTD. CORP.

Current Principal Place of Business:

4601 HUNTING TRAIL
LAKE WORTH, FL 33467

New Principal Place of Business:

5233 HAMMOCK CIRCLE
ST. CLOUD, FL 34771

Current Mailing Address:

4601 HUNTING TRAIL
LAKE WORTH, FL 33467

New Mailing Address:

5233 HAMMOCK CIRCLE
ST. CLOUD, FL 34771

FEI Number: 65-0731586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIONE, HENRY V
4601 HUNTING TRAIL
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

LIONE, HENRY V
5233 HAMMOCK CIRCLE
ST. CLOUD, FL 34771 US

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: HENRY V. LIONE

01/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: LIONE, HENRY V
Address: 4601 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

Title: TD () Delete
Name: LIONE, MARGARET
Address: 4601 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

Title: V () Delete
Name: LIONE, DAVID S
Address: 5233 HAMMOCK CIRCLE
City-St-Zip: ST CLOUD, FL

Title: S () Delete
Name: LIONE, DEBRA J
Address: 735 GRANT AVENUE
City-St-Zip: MAYWOOD, NJ 07607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: LIONE, HENRY V
Address: 5233 HAMMOCK CIRCLE
City-St-Zip: ST. CLOUD, FL 34771

Title: TD (X) Change () Addition
Name: LIONE, MARGARET
Address: 5233 HAMMOCK CIRCLE
City-St-Zip: ST. CLOUD, FL 34771

Title: V (X) Change () Addition
Name: LIONE, DAVID S
Address: 3632 CORONET AVENUE
City-St-Zip: ORLANDO, FL 32833

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

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: HENRY V. LIONE

CPD

01/31/2006

Electronic Signature of Signing Officer or Director

Date