

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90010 018 \*\*\*150.00

<b>DOCUMENT # F98000005315</b>					
<b>1. Entity Name</b> LMA NORTH AMERICA, INC.					
<b>Principal Place of Business</b> 9360 TOWNE CENTRE DRIVE SAN DIEGO, CA 92121			<b>Mailing Address</b> 9360 TOWNE CENTRE DRIVE SAN DIEGO, CA 92121		
<b>2. Principal Place of Business</b> 4660 La Jolla Village Dr. Suite, Apt. #, etc. Ste. 900 City & State San Diego CA Zip 92122 Country USA		<b>3. Mailing Address</b> 4660 La Jolla Village Dr. Suite, Apt. #, etc. Ste. 900 City & State San Diego CA Zip 92122 Country USA			
<b>4. FEI Number</b> 33-0785550		Applied For <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> SWETE, TREVOR <b>STREET ADDRESS</b> 9360 TOWNE CENTRE DRIVE <b>CITY-ST-ZIP</b> SAN DIEGO, CA 92121	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> 4660 La Jolla Village Dr. Ste. 900 <b>STREET ADDRESS</b> San Diego CA 92122 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VCFO <b>NAME</b> SAYWARD, JOHN <b>STREET ADDRESS</b> 9360 TOWNE CENTRE DRIVE <b>CITY-ST-ZIP</b> SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> VP, Corp Controller, Sec. <b>STREET ADDRESS</b> Michael Warford <b>CITY-ST-ZIP</b> 4660 La Jolla Village Dr. Ste. 900 San Diego CA 92122	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> EVC <b>NAME</b> BLOCK, STEVEN <b>STREET ADDRESS</b> 9360 TOWNE CENTRE DRIVE <b>CITY-ST-ZIP</b> SAN DIEGO, CA 92121	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> 4660 La Jolla Village Dr. Ste. 900 <b>STREET ADDRESS</b> San Diego CA 92122 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> COOPER, JANE G <b>STREET ADDRESS</b> 9360 TOWNE CENTRE DRIVE <b>CITY-ST-ZIP</b> SAN DIEGO, CA 92121	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> 4660 La Jolla Village Dr. Ste. 900 <b>STREET ADDRESS</b> San Diego CA 92122 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MENDELL, STEVE <b>STREET ADDRESS</b> 9360 TOWNE CENTRE DRIVE <b>CITY-ST-ZIP</b> SAN DIEGO, CA 92121	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> 4660 La Jolla Village Dr. Ste. 900 <b>STREET ADDRESS</b> San Diego CA 92122 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> CEOP <b>NAME</b> MENDELL, STEVEN <b>STREET ADDRESS</b> 9360 TOWNE CENTRE DR. <b>CITY-ST-ZIP</b> SAN DIEGO, CA 92121	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> 4660 La Jolla Village Dr. Ste. 900 <b>STREET ADDRESS</b> San Diego CA 92122 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			<b>MICHAEL R. WARFORD</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1-16-06 (855) 622-5660 <small>Daytime Phone #</small>		