


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90108 038 ***150.00

DOCUMENT # F98000005315	
1. Entity Name LMA NORTH AMERICA, INC.	

Principal Place of Business 4660 LAJOLLA VILLAGE DR STE 900 SAN DIEGO, CA 92122	Mailing Address 4660 LAJOLLA VILLAGE DR STE 900 SAN DIEGO, CA 92122
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	Country	Country
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01082007 Chg-P CR2E034 (12/06)

4. FEI Number 33-0785550		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWETE, TREVOR 4660 LAJOLLA VILLAGE DR. STE. 900 SAN DIEGO, CA 92122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCS WARFORD, MICHAEL 4660 LAJOLLA VILLAGE DRIVE ST 900 SAN DIEGO, CA 92122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVC BLOCK, STEVEN 4660 LAJOLLA VILLAGE DR. STE 900 SAN DIEGO, CA 92122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres, CEO, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, JANE G 4660 LAJOLLA VILLAGE DR STE. 900 SAN DIEGO, CA 92122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MENDELL, STEVE 4660 LAJOLLA VILLAGE DR. STE. 900 SAN DIEGO, CA 92122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Briant <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4660 Lajolla Village Dr. #900 San Diego CA 92122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP MENDELL, STEVEN 4660 LAJOLLA VILLAGE DR. STE. 900 SAN DIEGO, CA 92122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael Briant 1-24-06 (858) 622-5600

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #