2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# G14877

Entity Name: LAKE AREA DEVELOPMENT COMPANY

Current Principal Place of Business:

753 SEMINOLE RIDGE ROAD
PO BOX 370
MELROSE, FL 32666 US

New Principal Place of Business:

753 SEMINOLE RIDGE ROAD
MELROSE, FL 32666 US

Current Mailing Address:

753 SEMINOLE RIDGE ROAD
PO BOX 370
MELROSE, FL 32666 US

New Mailing Address:

753 SEMINOLE RIDGE ROAD
P.O.BOX 370
MELROSE, FL 32666 US

FEI Number: 59-2245242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, C. DOUGLAS
753 SEMINOLE RIDGE RD.
MELROSE, FL 32666 US

Name and Address of New Registered Agent:

MILLER, C D VS
753 SEMINOLE RIDGE RD.
MELROSE, FL 32666 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: C.D. MILLER 04/23/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: MILLER, LORALEE W,
Address: 753 SEMINOLE RIDGE ROAD
City-St-Zip: MELROSE, FL 00000,

Title: VS ( ) Delete
Name: MILLER, C DOUGLAS,
Address: 753 SEMINOLE RIDGE RD
City-St-Zip: MELROSE, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: MILLER, LORALEE W PT
Address: 753 SEMINOLE RIDGE ROAD
City-St-Zip: MELROSE, FL 32666 US

Title: VS (X) Change ( ) Addition
Name: MILLER, C D VS
Address: 753 SEMINOLE RIDGE RD
City-St-Zip: MELROSE, FL 32666 US

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: LORALEE W. MILLER PT 04/23/2007
Electronic Signature of Signing Officer or Director Date