

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H19846

Entity Name: LMG, INC.

FILED  
Mar 28, 2006  
Secretary of State

**Current Principal Place of Business:**

2350 INVESTORS ROW  
ORLANDO, FL 329378331 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770429  
ORLANDO, FL 328770429 US

**New Mailing Address:**

FEI Number: 59-2485739      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GOLDBERG, LESLIE M  
5433 OSPREY ISLE LN  
ORLANDO, FL 328194073 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCP      ( ) Delete  
Name: GOLDBERG, LESLIE M  
Address: 5433 OSPREY ISLE LN  
City-St-Zip: ORLANDO, FL 328194073 US

Title: D      ( ) Delete  
Name: GOLDBERG, PAUL B  
Address: 2431 JENNIFER HOPE BL  
City-St-Zip: LONGWOOD, FL 32779 US

Title: V      ( ) Delete  
Name: CALABRESI, JOHN D  
Address: 5968 LAKE MELROSE DR  
City-St-Zip: ORLANDO, FL 32829 US

Title: V      ( ) Delete  
Name: WILEY, TIMOTHY D  
Address: 3072 ZAHARIES DR  
City-St-Zip: ORLANDO, FL 32837 US

Title: ST      ( ) Delete  
Name: GOLDBERG, LESLIE M  
Address: 2350 INVESTORS ROW  
City-St-Zip: ORLANDO, FL 329378331 US

Title: V      ( ) Delete  
Name: SOTO, KAREN J  
Address: 601 CANARY ISLAND CT  
City-St-Zip: ORLANDO, FL 32829

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: LESLIE M GOLBERG

Electronic Signature of Signing Officer or Director

PDST

03/28/2006

Date