

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81039

FILED
Jan 21, 2009
Secretary of State

Entity Name: LION'S SHARE HOLDING, INC.

Current Principal Place of Business:

300 WEST PLATT STREET
TAMPA, FL 33606

New Principal Place of Business:

300 WEST PLATT STREET
SUITE 200
TAMPA, FL 33606

Current Mailing Address:

P.O. BOX 373
TAMPA, FL 336010373

New Mailing Address:

P.O. BOX 373
TAMPA, FL 336010373 US

FEI Number: 59-2585447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, GUY III
300 W PLATT ST
STE 200
TAMPA, FL 33606 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: P () Delete
Name: KING, GUY III,
Address: 2904 BAYSHORE CT.
City-St-Zip: TAMPA, FL 33611

Title: CEO () Delete
Name: KING, DOUGLAS W.,
Address: 1012 S STERLING AVE
City-St-Zip: TAMPA, FL 33629

Title: V () Delete
Name: DAYTON, JANET F
Address: 340 INNER HARBOUR CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: V () Delete
Name: WILSON, DWIGHT A
Address: 5834 AUDUBON MANOR BLVD.
City-St-Zip: LITHIA, FL 33547

Title: S () Delete
Name: MAGNUS, JUNE F
Address: 2910 W. AVERILL AVE.
City-St-Zip: TAMPA, FL 33611

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:

I hereby certify that the information supplied with this filing does not qualify 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: GUY KING III

PRES

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date