2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81039

Entity Name: LION'S SHARE HOLDING, INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
300 WEST PLATT STREET TAMPA, FL 33606			300 WEST PLATT S' SUITE 200 TAMPA, FL 33606		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX 373 TAMPA, FL 336010373			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:			Name and Address	Name and Address of New Registered Agent:	
The above	ATT ST L 33606 US	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
		c Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () KING, GUY III, 2904 BAYSHOR TAMPA, FL 336		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO () KING, DOUGLA: 1012 S STERLIN TAMPA, FL 336	IG AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () DAYTON, JANE 340 INNER HAR TAMPA, FL 336	BOUR CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () WILSON, DWIG 5834 AUDUBON LITHIA, FL 3354	MANOR BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	s ()	Delete	Title ·	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GUY KING III PRES 01/21/2009

MAGNUS, JUNE F

TAMPA, FL 33611

2910 W. AVERILL AVE.

Name:

Address:

City-St-Zip: