

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 08:00 A
Secretary of State

DOCUMENT # H83707
 1. Entity Name
 LEXEL PUBLISHING COMPANY, INC.



Principal Place of Business
 5311 E. FLETCHER AVE
 TAMPA, FL 33617 US

Mailing Address
 5311 E. FLETCHER AVE
 TAMPA, FL 33617 US

DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 59-2613522 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

GOLD, AARON J ESQ.
 GOLD & RESNICK, P.A.
 704 W. BAY STREET
 TAMPA, FL 33606

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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 _____
Signature, typed or printed name of registered agent and file if applicable (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. \$5.00 May Be Added to Fees

1000000504491
 01/23/07-80056-008 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | ST BAUER, LESLIE I. 619 RIVERHILLS DR TAMPA, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GIFFORD, DOROTHY A. 22440 STILLWOOD DRIVE LAND O LAKES, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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 807, 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: Dorothy A. Gifford 1-22-07 813-983-9833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #