2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14736

City-St-Zip:

BOCA RATON, FL 334323760

Entity Name: LANCORE REALTY INC.

FILED Apr 16, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
LANCORE REALTY INC 399 W PALMETTO PARK RD BOCA RATON, FL 334323760 US			399 W PALMETTO PA	LANCORE REALTY INC 399 W PALMETTO PARK RD #102 BOCA RATON, FL 334323760 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 102	LMETTO PAR 2 TON, FL 3343				
FEI Number	: 59-2677712	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
2750 N. FE	NSEN, MICHA EDERAL HWY ERDALE, FL	•			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MCDONALD, N 399 W PALME) Delete //ERV TTO PK. RD., STE.102 FL 334323760	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCDONALD, N 399 W PALME) Delete //ARILYN TTO PK. RD., STE. 102 FL 334323760	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ROBBIE, RICH) Delete IARD J TTO PK. RD., STE. 102	Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: MERV MCDONALD PD 04/16/2009