


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # J41850
 1. Entity Name
 STEPHEN LLOYD INC.



Principal Place of Business Mailing Address
 STEPHEN LLOYD INC STEPHEN LLOYD INC
 33 SE 5TH STREET, SUITE 100 33 SE 5TH STREET, SUITE 100
 BOCA RATON, FL 33432 US BOCA RATON, FL 33432 US

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
 58-1709853 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LLOYD, STEPHEN
 33 SE 5TH STREET
 SUITE 100
 BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

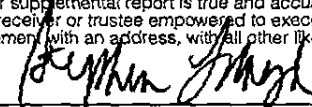
000000383624
 01/12/06-90010-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LLOYD, STEPHEN
STREET ADDRESS	33 SE 5TH STREET, SUITE 100
CITY - ST - ZIP	BOCA RATON, FL 33432
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 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  1-10-06 (561) 368-0106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #