


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90050 045 \*\*\*158.75

<b>DOCUMENT # L01290</b> 1. Entity Name LAKEWOOD RANCH CORPORATE PARK, INC.	
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Principal Place of Business 6215 LORRAINE ROAD BRADENTON, FL 34202 US	Mailing Address 6215 LORRAINE ROAD BRADENTON, FL 34202 US
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**DO NOT WRITE IN THIS SPACE**

01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0247024	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

CHIOFALO ANTHONY J.  
6215 LORRAINE RD  
BRADENTON, FL 34202

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POKRYWA, TODD 6215 LORRAINE RD. BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIOFALO, ANTHONY 6215 LORRAINE ROAD BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JENSEN, REX 6215 LORRAINE ROAD BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, TIM 6215 LORRAINE ROAD BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE Anthony J. Chiofalo 1/31/06 755-1637  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #