

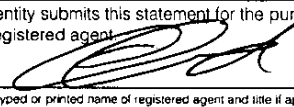
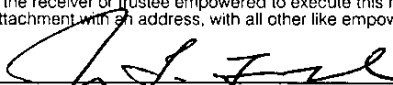


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90035 020 ***550.00

DOCUMENT # L91107 1. Entity Name L.B. HOLDINGS, INC.					
Principal Place of Business C/O AKERMAN SENTERFITT ONE SE THIRD AVE 28TH FLOOR MIAMI, FL 33131 US			Mailing Address C/O AKERMAN SENTERFITT ONE SE THIRD AVE 28TH FLOOR MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 7301-A W. Palmetto Park Rd.		3. Mailing Address 7301-A W. Palmetto Park Rd.			
Suite, Apt. #, etc. SUITE 104E		Suite, Apt. #, etc. SUITE 104E		07122007 Chg-P CR2E034 (12/06)	
City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 65-0207321	
Zip 33433		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAATTAMA, HENRY H JR %AKERMAN, SENTERFITT ONE SE THIRD AVE 28 FLOOR MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Edwin C. Lunsford III Street Address (P.O. Box Number is Not Acceptable) 3300 PGA BLVD. SUITE 805 Palm Beach GARDENS FL 33410	
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:  DATE: 7/25/07 <small>(NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LUNSFORD, EDWIN C. JR 161 N CSWY, #8 NEW SMYRNA BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lunsford, Joseph L. 900 NW 6th Terrace Boca Raton, FL 33486	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST LUNSFORD, JOSEPH L 900 NW 6TH TERRACE BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Lunsford, Edwin C. III 113 BOWSPRIT DRIVE North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNSFORD, JOSEPH L. 900 NW 6TH TERRACE BOCA RATON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lunsford, Edwin C., JR. 161 N. Causeway, STE 8 New Smyrna Beach, FL 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			Date: 7/12/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		