


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90013 037 \*\*\*150.00

<b>DOCUMENT # M25782</b>		
1. Entity Name LYNACRES, INC.		

Principal Place of Business 2123 E. ATLANTIC BLVD., STE 2 POMPAÑO BEACH, FL 33062	Mailing Address P.O. BOX 10652 POMPAÑO BEACH, FL 33061
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2. Principal Place of Business 2123 E. ATLANTIC BLVD.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMPAÑO BEACH, FL		City & State	
Zip 33062	Country USA	Zip	Country



02282006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0000865	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STUART CUMMINGS 2721 NE 11 STREET POMPAÑO BEACH, FL 33062		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUART CUMMINGS 2123 E. ATLANTIC BLVD., STE 2 POMPAÑO BEACH, FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>STUART CUMMINGS</del> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 2123 E. ATLANTIC BLVD. Pompano Bch, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:** Stuart Cummings **STUART CUMMINGS** 3/1/06 (954) 942-2925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #