2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M51293

Entity Name: LMC HOLDINGS, INC.

LUCAS, D. DARREN K

HOBE SOUND, FL 33475

PO BOX 8407

Name:

Address:

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ALM STREET UND, FL 3345	5 US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX HOBE SO	8407 UND, FL 3347:	5			
FEI Number	: 59-2802787	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				New Registered Agent:	
LUCAS, D 8565 SE P HOBE SO		5 US			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVD () LUCAS, DAVID PO BOX 8407 HOBE SOUND,		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	STD () LUCAS, NANCY PO BOX 8407 HOBE SOUND,		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	S/D () LUCAS, NANCY PO BOX 8407 HOBE SOUND,		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	TREA ()	Delete	Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID K. LUCAS PRES 04/27/2007