2005 FOR PROFIT CORPORATION

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

SIGNATURE

Jul 27, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # M61426** 07-27-2005 90050 025 ***150.00 1. Entity Name L.N.V., INC. Principal Place of Business Mailing Address 3564 S. MILITARY TRAIL 3564 S. MILHTÁRY TRAIL 50058076 LAKE WORTH PL 33463 LAKE WORTH, FL 33463 US 2. Principal Place of Business 3. Mailing Address 661. So Convaris Suite, Apt. #, etc. Suite, Apt. #, etc. 07222005 Chg-P CR2E034 (10/03) With The City & State 4. FEI Number Applied For 65-0024810 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired ß 33<u>406</u> 33YUL Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEILLY, ORRIN R Street Address (P.O. Box Number is Not Acceptable) 105 S. NARCISSUS AVE, STE. 705 WEST PALM BEACH, FL 33401 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 7, 2005 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIRECTOD, ALICIA VOBEL 1661 SU COMERCES AVE TITLE TITLE **Change** ☐ Addition Delete NAME VOGEL, ALICIA NAME STREET ADDRESS 3564 SO, MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL CITY-ST-ZIP 33406 DINECTON NAMER MAFFED AND 1661 PO CONCRESS AND TITLE ☐ Delete TITLE **Change** Addition MAFFEO, NANEE NAME NAME STREET ADDRESS 3564 SO, MILITARY TRAIL STREET ADDRESS 33:106 LAKE WORTH, FL 33463 CITY-ST-ZIP WAB CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP III1.E Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

FILED