


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -1 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000001064		
1. Entity Name LAMBDA PHI THETA FRATERNITY, INC		

Principal Place of Business 7552 CENTAURI RD JACKSONVILLE, FL 32210	Mailing Address 7552 CENTAURI RD JACKSONVILLE, FL 32210
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



95012006 Chg-NP CR2E037 (4/06)

4. FEI Number	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	
BENJAMIN, D. SEAN 1400 DISSTON STREET TALLAHASSEE, FL 32310	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

000075039490
05/22/06--01061--022 **\$61.25

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, MAURICE L 2340 CULVER RD APT 2 ROCHESTER, NY 14609 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP BENJAMIN, D. SEAN 1400 DISSTON ST TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V KING, ANTONIO 7552 CENTAURI RD JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3V PADMORE, ADRIAN 3711 SOUTHMORE APT 140 HOUSTON, TX 77004 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Sean Benjamin (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 Disston St. Tallahassee, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	King, m. Antonio <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7552 Centauri Rd. (1VP) JACKSONVILLE, FL 32210 (T)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Padmore, Adrian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3711 Southmore Apt 140 (2VP) Houston, TX 77004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Gonzalez <input type="checkbox"/> Change <input type="checkbox"/> Addition 102401 S. AVE G (S) Chicago, IL 60617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: D. Sean Benjamin Date: 5/11/06 (850) 212-6435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #