


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N06000003939</b> 1. Entity Name LAKE MARY JANE ALLIANCE, INC.	
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Principal Place of Business 12232 LAKE MARY JANE ROAD ORLANDO, FL 32832	Mailing Address 12232 LAKE MARY JANE ROAD ORLANDO, FL 32832
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**DO NOT WRITE IN THIS SPACE**



05142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4661635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BETTERMAN, PETER N  
12232 LAKE MARY JANE ROAD  
ORLANDO, FL 32832

**DO NOT WRITE  
IN THIS SPACE**

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 the if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000952437 06/04/08-80075-018 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BETTERMAN, PETER 12232 LAKE MARY JANE ROAD ORLANDO, FL 32832
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** Peter Betterman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #