2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004224

FILED Apr 22, 2010 Secretary of State

Entity Name: THE LAKE HOUSE NYINGMAPAS INC.

Current Principal Place of Business: New Principal Place of Business:

12846 CHRISTMAS DRIVE PBOX 2015 SAINT LEO, FL 33574

Current Mailing Address: New Mailing Address:

12846 CHRISTMAS DRIVE PBOX 2015 SAINT LEO, FL 33574

FEI Number: 26-4825291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAMILTON, BARBARA 12846 CHRISTMAS DRIVE PBOX 2015 SAINT LEO, FL 33574 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

 Name:
 WALWORTH, BARBARA

 Address:
 2500 21ST ST. NW, #48

 City-St-Zip:
 WINTER HAVEN, FL 33881

Title: V

Name: HAMILTON, BARBARA

Address: 12846 CHRISTMAS DRIVE PB 2015

City-St-Zip: SAINT LEO, FL 33574

Title:

Name: YORK, DIANE

Address: 7321 BOTTLE BRUSH DRIVE City-St-Zip: SPRING HILL, FL 34606

Title:

 Name:
 HAGEN, DEBORAH

 Address:
 1908 56TH STREET SOUTH

 City-St-Zip:
 GULFPORT, FL 33707

Title: C

Name: MARES, JOSE

Address: 6020 SHORE BLVD. SOUTH, #504

City-St-Zip: GULFPORT, FL 33707

Title: M

Name: POWERS, GREGORY

Address: 6020 SHORE BLVD. SOUTH, #504

City-St-Zip: GULFPORT, FL 33707

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA B HAMILTON V 04/22/2010