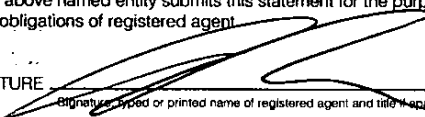


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90075 032 ****61.25

DOCUMENT # N16302 1. Entity Name LAKE MARY COMMERCE CENTER ASSOCIATION, INC.					
Principal Place of Business C/O FRANKHAM, JOSEPHINE S. 109 COMMERCE STREET, STE 1101 LAKE MARY, FL 32746 US			Mailing Address C/O FRANKHAM, JOSEPHINE S. 109 COMMERCE STREET, STE 1101 LAKE MARY, FL 32746 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 531 Codisco Way Suite, Apt. #, etc.			
City & State Zip		City & State Sanford, FL Zip 32771		Country USA	
4. FEI Number 59-2869630				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 FRANKHAM, JOSEPHINE S 109 COMMERCE ST #1101 LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name Josephine S. Frankham Street Address (P.O. Box Number is Not Acceptable) 531 Codisco Way City Sanford FL Zip Code 32771		
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 				DATE 4/30/07	
Filing Fee Is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLO RUSSO, ROBERT G. 109 COMMERCE ST. LAKE MARY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert G. Dello Russo 531 Codisco Way Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FRANKHAM, JOSEPHINE 109 COMMERCE ST LAKE MARY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Josephine Frankham 531 Codisco Way Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADHAV, NALINI 1398 BRISTOL PARK PLACE HEATHROW, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHAN, LOUISE D. 106 COMMERCE ST #105 LAKE MARY, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIFLER, LENHARD N. 4403 VINELAND RD #B-10 ORLANDO, FL	<input type="checkbox"/> Delete	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"/> Delete	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 an other like empowered.					
SIGNATURE: 				DATE 4/30/07 DAYTIME PHONE # 407-333-2665	