2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N39320

Entity Name: LAMBDA PALM BEACH, INC.

Current Principal Place of Business:

1401 N.W 15TH AVE.
#2
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1401 N.W 15TH AVE.
#2
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0208735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DECKER, LAUREL
519 N.D.STREET.
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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: DP ( ) Delete
Name: DECKER, LAUREL
Address: 519 N.D STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete
Name: LOFTUS, BRIAN
Address: 139 S.E 7TH AVE #4
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: MCTERNAN, JEANNE
Address: 402 SW 28TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D ( ) Delete
Name: PELOQUIN, BOB
Address: 400 W. CORAL TRAIL CIRCLE
City-St-Zip: DELRAY BEACH, FL 33455

Title: D ( ) Delete
Name: AMADO, BETH
Address: 1407 N.W 15TH AVENUE #2
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: DECKER, LAUREL
Address: 519 N.D STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: VP (X) Change ( ) Addition
Name: LOFTUS, BRIAN
Address: 139 S.E 7TH AVE #4
City-St-Zip: DELRAY BEACH, FL 33483

Title: P (X) Change ( ) Addition
Name: MCTERNAN, JEANNE
Address: 402 SW 28TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: S (X) Change ( ) Addition
Name: PELOQUIN, BOB
Address: 400 W. CORAL TRAIL CIRCLE
City-St-Zip: DELRAY BEACH, FL 33455

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETH AMADO D 04/30/2008

Electronic Signature of Signing Officer or Director — Date