


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90288 043 \*\*\*150.00

<b>DOCUMENT # P00000008396</b>	
1. Entity Name L & L VENDING, INC.	

Principal Place of Business 13833 - E 4 WELLINGTON TRACE SUITE 44 WELLINGTON, FL 33414	Mailing Address 13833 - E 4 WELLINGTON TRACE SUITE 44 WELLINGTON, FL 33414
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04072006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  KLEIN, LEWIS 2980 WAREHAM CT WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name <u>SCOTT MAZZA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1735 STAMFORD CT.</u> <u>WELLINGTON, FLA. 33414</u> City <u>FL</u> Zip Code <u>33414</u>	
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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 Scott Mazza VICE PRES. SCOTT MAZZA 4/7/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEIN, LEWIS 4418 MARINERS COVE DR. 1029 ROLLING RIDGE WELLINGTON, FL 33467 NEW WINDSOR, N.Y. 12553 <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 KLEIN, LAURA 4418 MARINERS COVE DR. 1029 ROLLING RIDGE WELLINGTON, FL 33467 NEW WINDSOR, N.Y. 12553 <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 MAZZA, SCOTT 1735 STAMFORD CT. WELLINGTON, FL 33414 <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 MAZZA, LINDA 1735 STAMFORD CT. WELLINGTON, FL 33414 <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
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 607, 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: Scott Mazza SCOTT MAZZA 4/7/06 (561) 790-0978  
Signature and typed or printed name of signing officer or director Date Daytime Phone #