


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90206 049 \*\*\*150.00

<b>DOCUMENT # P00000026015</b> 1. Entity Name <b>LYONS LAND HOLDINGS, INC.</b>					
Principal Place of Business <b>1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442</b>			Mailing Address <b>1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442</b>		
2. Principal Place of Business <b>6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. # 100</b>		3. Mailing Address <b>6820 LYONS TECHNOLOGY CIRCLE Suite, Apt. #, etc. # 100</b>			
City & State <b>COCONUT CREEK, FL.</b>		City & State <b>COCONUT CREEK, FL.</b>		03072006 Chg-P CR2E034 (11/05)	
Zip <b>33073</b>		Country <b>USA</b>		4. FEI Number <b>65-1010984</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BUTTERS, MALCOLM 1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>6820 LYONS TECHNOLOGY CIRCLE, # 100</b> City <b>COCONUT CREEK</b> State <b>FL</b> Zip Code <b>33073</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			<b>M. BUTTERS</b> <b>04/28/06</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BUTTERS, MALCOLM</b> <input type="checkbox"/> Delete <b>1096 E. NEWPORT CENTER DR., STE. 100 DEERFIELD BEACH, FL 33442</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6820 LYONS TECHNOLOGY CIRCLE, #100 COCONUT CREEK, FL 33073</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BUTTERS, MARK</b> <input type="checkbox"/> Delete <b>1096 E NEWPORT CENTER DR DEERFIELD BEACH, FL 33442</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6820 LYONS TECHNOLOGY CIRCLE, #100 COCONUT CREEK, FL 33073</b>	
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	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>M. BUTTERS</b> <b>04/28/06</b> <b>954-570-8111</b> <small>Date Daytime Phone #</small>		