

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90061 018 ***150.00

DOCUMENT# P00000061280 1. EntityName LPSINVESTMENTINC.																					
PrincipalPlaceofBusiness 1028 EMPRESS LN. SUITE F-3 ORLANDO, FL 32803		MailingAddress 1028 EMPRESS LN. SUITE F-3 ORLANDO, FL 32803																			
2. PrincipalPlaceofBusiness - No P.O.Box# Suite,Apt.#,etc.		3. MailingAddress 3201 E Colonial DR F3 Suite,Apt.#,etc. F3 City&State ORlando Zip 32803 Country ORange																			
City&State ORlando Zip		City&State ORlando Zip 32803 Country ORange		4. FEINumber 59-3653849																	
Country		5. CertificateofStatusDesired ☐ \$8.75 Additional FeeRequired		AppliedFor ☐ NotApplicable																	
6. NameandAddressofCurrentRegisteredAgent MUI,SEKC 3201EASTCOLONIALDRIVE SUITEF-3 ORLANDO,FL32803			7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode																		
8. Theabovenamedentitysubmits thisstatementfor thepurposeofchangingitsregisteredofficeorregisteredagent,orboth, i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent. SIGNATURE _____ (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE _____																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. ElectionCampaignFinancing TrustFundContribution. ☐ \$5.00 MayBe AddedtoFees																			
10. OFFICERSANDDIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">D ☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MUI,SEKC</td> </tr> <tr> <td>STREETADDRESS</td> <td>3201EASTCOLONIALDRIVE#F-3</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO,FL32803</td> </tr> </table>			TITLE	D ☐ Delete	NAME	MUI,SEKC	STREETADDRESS	3201EASTCOLONIALDRIVE#F-3	CITY-ST-ZIP	ORLANDO,FL32803	11. ADDITIONS/CHANGESTO OFFICERSANDDIRECTORSIN11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">Change ☐ Addition ☐</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREETADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change ☐ Addition ☐	NAME		STREETADDRESS		CITY-ST-ZIP	
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12. Iherebycertifythattheinformationssuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportis trueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIam anofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecute thisreportasrequiredbyChapter607, Florida Statutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.																					
SIGNATURE: _____ 4-18-08 678-794-8400 SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#																					