FROM CAROLA TUMM FAX NO. :2395492275

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Aug 13, 2007 8:00 am
Secretary of State
07-09-2007 90044 047 ***150.00

7/

2007 FOR PROFIT CORPORATION ANNUAL REPORT

COPY

66020864

07032007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000030157

1. Entity Name
LUCKY 2 CORPORATION

Principal Place of Business	Mailing Address
4635 PALM TREE BLVD. CAPE CORAL, FL 33904	4635 PALM TREE BLVD. CAPE CORAL, FL 33904
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 65-1091002 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TUMM, CAROLA 4635 PALM TREE BLVD. CAPE CORAL, FL 33904	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	D TUMM, CAROLA 4635 PALM TREE BLVD. CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUMM, SARAH O 4635 PALM TREE BLVD. CAPE CORAL, FL 33904	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ______________________ 7/5/07 239 826-2437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

660208641

CARL J. GRECO
MICHAEL V. GRECO
Accountants
3949 Evans Avenue #403
Fort Myers, FL 33901
phone 239-275-7766
fax 239-275-9150
grecoaccounting@gmail.com

August 8, 2007

Florida Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

REF: Lucky 2 Corporation – P01000030157

Please be advised that the above corporation is not subject to the $400.00 late fee for the year 2007 Annual Report. The corporation did not receive prior notice of filing due and printed out the year 2007 Annual Report off the Internet without checking the "did not receive prior notice" box before printing.

Please accept the $150.00 filing fee for the year 2007 as sufficient payment for annual corporate renewal.

Please direct any questions that you may have to the undersigned.

Thank you,

Director

Accountant for firm