

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90199 032 ***150.00

DOCUMENT # P01000043277						
1. Entity Name THE LAWDRE GROUP, INC.						
Principal Place of Business 121 N.E. 212 TERRACE NORTH MIAMI, FL 33179 US			Mailing Address 121 N.E. 212 TERRACE NORTH MIAMI, FL 33179 US			
2. Principal Place of Business 2734 KNIGHTS BRIDGE RD Suite, Apt. #, etc.		3. Mailing Address 2734 KNIGHTS BRIDGE RD Suite, Apt. #, etc.				
City & State CLERMONT, FLORIDA		City & State CLERMONT, FLORIDA		4. FEI Number NOT APPLICABLE		
Zip 34711		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LAWRENCE, ANDREW 121 N.E. 212 TERRACE NORTH MIAMI, FL 33179				7. Name and Address of New Registered Agent 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 <u>4/23/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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 LAWRENCE, ANDREW 121 N.E. 212 TERRACE NORTH MIAMI, FL 33179		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/23/06</u> Daytime Phone #		