2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000057893

FILED Apr 28, 2006 Secretary of State

Entity Nai	me: LEXINGT	ON MANAGEMENT, INC.				
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:		
8925 COLI APT 10 B SURFSIDE	LINS AVE E, FL 33154					
Current Mailing Address:			New Mailing Addres	New Mailing Address:		
8925 COLLINS AVE APT 10 B SURFSIDE, FL 33154			1111 KANE CONCOURSE SUITE 215 BAY HARBOUR ISLANDS, FL 33154			
FEI Number:	: 65-1128574	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:		
3195 PON SUITE 400 CORAL GA The above	CE DE LEON) ABLES, FL 33	134 US	ourpose of changing its register	ed office or registered agent, or bot	h,	
SIGNATU	RE:					
	Electron	nic Signature of Registered Ag	ent	Date	_	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (MANGUM, CHF 1201 WEST PE ATLANTA, GA	EACHTREE ST.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	FRANZ, BARBA	AVENUE -SUITE #10B		(X) Change () Addition ARBARA LINS AVE. APT 601N E, FL 33154		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA FRANZ Ρ 04/28/2006