

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080926

Entity Name: LAMBRIDES CONSULTING, INC.

FILED
Feb 01, 2008
Secretary of State

Current Principal Place of Business:

1508 OSPREY AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

5001 DOVER STREET NE
ST PETERSBURG, FL 33703

Current Mailing Address:

1508 OSPREY AVENUE
ORLANDO, FL 32803

New Mailing Address:

5001 DOVER STREET NE
ST PETERSBURG, FL 33703

FEI Number: 41-2026957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBRIDES, ELIZABETH
1508 OSPREY AVENUE
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

LAMBRIDES, ELIZABETH
5001 DOVER STREET NE
ST PETERSBURG, FL 33703 US

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.

SIGNATURE: ELIZABETH LAMBRIDES

02/01/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: LAMBRIDES, ELIZABETH A
Address: 1508 OSPREY AVENUE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LAMBRIDES, ELIZABETH A
Address: 5001 DOVER STREET NE
City-St-Zip: ST PETERSBURG, FL 33703

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH LAMBRIDES

PRES

02/01/2008

Electronic Signature of Signing Officer or Director

Date