## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000084705

11165 8TH ST EAST

City-St-Zip: TREASURE ISLAND, FL 33706

Address:

Entity Name: LAMPERT'S HOME THERAPY, INC.

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	TRAL AVENUE RSBURG, FL 3		US			
Current Mailing Address:				New Mailing Address:		
11165 8TH TREASUR	HST EAST RE ISLAND, FL	33706	US			
FEI Number:	: 59-3741806	FEI Nu	mber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of Cu	urrent F	Registered Agent:	Name and Address	of New Registered Agent:	
11165 8TH	, HAROLD M III I ST EAST RE ISLAND, FL		US			
	named entity so e of Florida.	ubmits t	this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signa	ture of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fu	ınd Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () I LAMPERT, HARG 11165 8TH ST E TREASURE ISLA	AST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	V ()I	Delete	PT	Title:	( ) Change ( ) Addition	

Address:

City-St-Zip:

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: HAROLD LAMPERT P 01/17/2006