


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 08:00 A
Secretary of State


DOCUMENT # P01000086899
 1. Entity Name
 LTC GENERAL, INC.



Principal Place of Business
 7777 GLADES ROAD SUITE 201
 BOCA RATON, FL 33434

Mailing Address
 7777 GLADES ROAD SUITE 201
 BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1134995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIER, JEFFREY L
 7777 GLADES ROAD SUITE 201
 BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHMIER, JEFFREY 777 GLADES ROAD STE 201 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CROWE, MELISSA 777 GLADES ROAD STE 201 BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

00000086899
 04/05/07-80044-006 150.00

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: Melissa Crowe **3/19/07** (561) 483-2330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #