

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028410

FILED
Jul 11, 2007
Secretary of State

Entity Name: L.S. DEVELOPER SERVICES, INC.

Current Principal Place of Business:

5659 STRAND COURT
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

5659 STRAND COURT
NAPLES, FL 34110

New Mailing Address:

FEI Number: 01-0648508 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAGE, DAVID S
5659 STRAND COURT
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP/D () Delete
Name: SMITHERS, LANCE
Address: 5659 STRAND COURT
City-St-Zip: NAPLES, FL 34110

Title: P/D () Delete
Name: SAGE, DAVID S
Address: 5659 STRAND COURT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT SAGE

PRES

07/11/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date