

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074351

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: LAZY BEAR MANAGEMENT, INC.

## Current Principal Place of Business:

133 W. BAY AVE  
SUITE A  
LONGWOOD, FL 32750

## Current Mailing Address:

PO BOX 521580  
LONGWOOD, FL 32752

## New Principal Place of Business:

133 W. BAY AVE  
SUITE 200  
LONGWOOD, FL 32750

## New Mailing Address:

133 W. BAY AVE.  
SUITE 200  
LONGWOOD, FL 32750

FEI Number: 02-0628456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: BROWN, J ROBERT  
Address: 133 W. BAY AVE, SUITE A  
City-St-Zip: LONGWOOD, FL 32750

Title: STD ( ) Delete  
Name: BROWN, MARTHA L  
Address: 133 W. BAY AVE, SUITE A  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BROWN, J ROBERT  
Address: 133 W. BAY AVE, SUITE 200  
City-St-Zip: LONGWOOD, FL 32750

Title: STD (X) Change ( ) Addition  
Name: BROWN, MARTHA L  
Address: 133 W. BAY AVE, SUITE 200  
City-St-Zip: LONGWOOD, FL 32750

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: J ROBERT BROWN

PD

04/10/2007

Electronic Signature of Signing Officer or Director

Date