2007 FOR PROFIT CORPORATION.

FILED
Mar 01, 2007 08:00 AM
Secretary of State

| ANNUAL REPURI | | | | | | | 2007 00.0 |
|---|---|---|------------------------|--|---------------------------|------------------|------------------------------|
| DOCU | IMENT # P020001093 | |] | 2 | secre | etary of Sta | |
| 1. Entity Nar LSD ENT | ne CERPRISE'S INC. | | | | | | |
| , | ce of Business H STREET NORTH 33773 | Mailing Address 1821 LOMBARDY DR CLEARWATER, FL 33755 | |] | | | 1880 HILI (1886 HILITA) HELI |
| DO NOT WRITE IN THIS SPA | | | CE | 02192007 No Chg-P CR2E034 (11/05) 4. FEI Number | | | |
| | 6. Name and Address of Current Re | distered Agent | | | - | | Fee Required |
| GUERRERA, DEBORAH J 1821/LOMBARDY DR CLEARWATER, FL 33755 | | | | IN | NOT W THIS SF | PACE | = |
| | a named entity submits this statement for th trons of registered agent. Signature, typed or printed name of registered agent and it | | red office or register | _ | oth, in the State of Fix | DATE | familiar with, and accept |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution | | | | 00 May Be ed to Fees | | | |
| 10. | OFFICERS AND DIF | ECTORS | 1 | | l . | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GUERRERA, DEBORAH J 1821 LOMBARDR DR CLEARWATER, FL 33755 | | | | U00 00 03/13/01 |)06529 7-8000 | 71 2-005 150.00 |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME | | | | DO NOT WRITE IN THIS SPACE | | | |
| STREET ADDRESS CITY-ST-ZIP THILE NAME | | | - | | | | |

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 20 0

<u>727-408-012</u>(