2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120351

Entity Name: LAMUS CORPORATION

FILED Feb 21, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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436 LAKESIDE CIRCLE 18501 PINES BLVD. UNIT 201 SUNRISE, FL 33326 PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

436 LAKESIDE CIRCLE 18501 PINES BLVD. UNIT 201 SUNRISE, FL 33326 PEMBROKE PINES, FL 33029

FEI Number: 82-0571773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAMARDO, RALDO FERNANDEZ, JORGE E
436 LAKESIDE CIRCLE 18501 PINES BLVD. UNIT 201
SUNRISE, FL 33326 US PEMBROKE PINES, FL 33029 US

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: JORGE FERNANDEZ 02/21/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: LAMARDO, RALDO Name: LAMARDO, RALDO

 Name:
 LAMARDO, RALDO
 Name:
 LAMARDO, RALDO

 Address:
 436 LAKESIDE CIRCLE
 Address:
 18501 PINES BLVD. UNIT 201

 City-St-Zip:
 SUNRISE, FL 33326
 City-St-Zip:
 PEMBROKE PINES, FL 33029

Title: VP () Delete Title: VP (X) Change () Addition

Name: LAMARDO, RAFAEL Name: LAMARDO, RAFAEL

 Address:
 436 LAKESIDE CIRCLE
 Address:
 18501 PINES BLVD. UNIT 201

 City-St-Zip:
 SUNRISE, FL 33326
 City-St-Zip:
 PEMBROKE PINES, FL 33029

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 LAMARDO, MARIA E

 Address:
 Address:
 18501 PINES BLVD. UNIT 201

 City-St-Zip:
 City-St-Zip:
 PEMBROKE PINES, FL 33029

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: RALDO LAMARDO P 02/21/2007