2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 8:00 am Secretary of State

ANNOAL KLI OKI							Secretary or State			
DOCUMENT # P0300006641 1. Entity Name						04-10-2006 90290 006 ***150.00				
LION & LAMB ASSOCIATES, INC.										
Principal Place of Business Mailing Addre				ess		† ,	COCHOI	• •		
148 TEQUESTA HARBOR DRIVE			148 TEQUESTA HARBOR DRIVE							
MERRITT ISLAND, FL 32952			MERRITT ISLAND, FL 32952							
						1 15511951 1	ri Salan turk Barri Aziri Boli)ı Ağını Göllə Birdə Birdi Bisəbi	1818 DI 16 1884	
2. Principal F	Place of Busi	ness '\	3. Mailing Address			-				
1090 ROYAL FERN DRIVE						} : 1001/6501 111 CD102 11:11 ED14 DD14 DD14 DD14 DD14 DD14 DD14 DD				
Suite, Apt. #, etc.			Suite, Apt. #. etc.			01092006	Chg-P	CR2E034 (11/05)	1	
MELBOURDE, FL.			MELBOURNE, FL.		FL.		<u>-</u>	· ,		
City & State			City & State		4. FEI Numb			pplied For lot Applicable		
32540		BREVAID	32941	BREV	MRD	5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require		
6. Name and Address of Current R				ered Agent			d Address of New R	egistered Agent		
KILBURN, KENNETH B					Name .					
	JESTA HA	RBOR DRIVE		5	Street Address	(P.O. Box Numb	er is Not Acceptable)		
Metalli indiana, i e dede										
City					City			FL Zip Coo	de	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing						.00 May Be				
After M	ay 1, 200	6 Fee will be \$550.0	Trust Fund Contri	ibution.	⊔ Add	led to Fees				
10.		OFFICERS AND D	IRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	KILBURN, KENNETHH B 148 TEQUESTA HARBOR DRIVE			NAME STREET ADDRESS						
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY		l l					
TITLE			Delete	TITLE				☐ Change	Addition	
NAME			NAM		ĺ	_ Change				
STREET ADDRESS	s				DORESS					
CITY-ST-ZIP				CITY-ST-	ZIP					
TITLE NAME			☐ Delete	TITLE NAME				☐ Change	Addition Addition	
STREET ADDRESS	1			STREET AL	DORESS					
CITY-ST-ZIP				CITY-ST-	,					
TITLE			☐ Defete	TITLE				☐ Change	☐ Addition	
NAME				NAME						
STREET ADDRESS CITY-ST-ZIP				STREET AC	I					
TITLE	 		□ 6 .1	CITY-ST-	ar		·	☐ ^	[] #44m=-	
NAME	1		☐ Delete	TITLE NAME		•		☐ Change	Addition	
STREET ADDRESS				STREET AL	DORESS					
CITY-ST-ZIP	}			CITY-ST-						
TITLE			☐ Delete	TITLE				☐ Change	Addition	
NAME				NAME						
STREET ADDRESS	1			STREET AT	nngggg i					

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP