
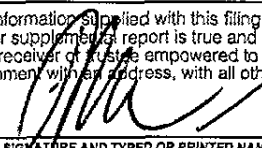


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P03000009545		
1. Entity Name LSMS, INC.		
Principal Place of Business 616 E. ALANTIC AVENUE DELRAY BEACH, FL 33483	Mailing Address 616 E. ALANTIC AVENUE DELRAY BEACH, FL 33483	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KRALL, MARK L 616 E. ALANTIC AVENUE DELRAY BEACH, FL 33483		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000546843 05/11/06-80132-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVESTRI, LUIGI 564 ADMIRALS WAY DELRAY BEACH, FL 33483	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SILVESTRI, MARK 564 ADMIRALS WAY DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		MARK SILVESTRI VP 4/28/06 (561) 330-9189 Date Daytime Phone #