

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000018130

1. Entity Name
LNG INVESTMENTS, INC.



**FILED
Mar 27, 2006 8:00 am
Secretary of State**

03-27-2006 90283 006 ***158.75

Principal Place of Business
5150 NW 101 PLACE
MIAMI, FL 33178

Mailing Address

5150 NW 101 PLACE
MIAMI, FL 33178

2. Principal Place of Business
814 Crown Vista Ct

Suite, Apt. #, etc.

3. Mailing Address
814 Crown Vista Ct

Suite, Apt. #, etc.

City & State
Monroe NC

City & State
Monroe NC

Zip
28110

Country
USA

Zip
28110

Country
USA



03172006 Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 54-2096414 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, LILLIAM
5150 NW 101 PLACE
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name
Felix Fito

Street Address (P.O. Box Number is Not Acceptable)

25 SW 39 Ct
City
Miami FL *33134*
Zip Code

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
Felix Fito

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE
3/20/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*D
GONZALEZ, LILLIAM
5150 NW 101 PLACE
MIAMI, FL 33178*

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
Lillian Gonzalez
814 Crown Vista Ct.
Monroe NC 28110*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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:

Lillian Gonzalez 3/17/06

305-591-0138

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #