2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006
Secretary of State

DOCUMENT# P03000081179

Entity Name: LB MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

9737 DENTON AVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

9737 DENTON AVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 05-0579483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOBELLO, ANTHONY
9737 DENTON AVE
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

LOBELLO, PATRICIA
9737 DENTON AVE
HUDSON, FL 34667 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: PATRICIA LOBELLO 08/04/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LOBELLO, ANTHONY
Address: 9737 DENTON AVE
City-St-Zip: HUDSON, FL 34667

Title: DV (X) Delete
Name: LOBELLO, PATRICIA
Address: 9737 DENTON AVE
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: LOBELLO, PATRICIA
Address: 9737 DENTON AVE
City-St-Zip: HUDSON, FL 34667

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PATRICIA LOBELLO MS 08/04/2006
Electronic Signature of Signing Officer or Director Date