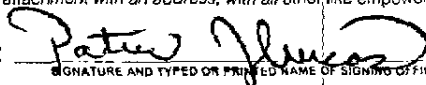


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000109990			
1. Entity Name LUCASWORKS, INC.			
Principal Place of Business 1189 SPARKMAN ST. MELBOURNE, FL 32935	Mailing Address 1189 SPARKMAN ST. MELBOURNE, FL 32935		
DO NOT WRITE IN THIS SPACE			
		01142006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0280361	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCAS, PATRICK 1189 SPARKMAN ST. MELBOURNE, FL 32935		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
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		1100000431635 02/23/06-80036-016 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LUCAS, PATRICK J 1189 SPARKMAN ST MELBOURNE, FL 32935		
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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: 		PATRICK J LUCAS, PRESIDENT 1/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	