
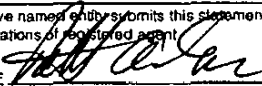



**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90854 039 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P03000115693</b>			
1. Entity Name <b>LEWIS H. GREEN &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>5841 WHITE CYPRESS DRIVE LAKE WORTH, FL 33467</b>		Mailing Address <b>PO BOX 540417 LAKE WORTH, FL 33454</b>	
2. Principal Place of Business - No P.O. Box # <b>990 Stinson Way</b>		3. Mailing Address <b>P.O. BOX 540417</b>	
Suite, Apt. #, etc. <b>210</b>		Suite, Apt. #, etc.	
City & State <b>West Palm Beach FL</b>		City & State <b>Lake Worth, FL</b>	
Zip <b>33411</b>	Country <b>USA</b>	Zip <b>33454</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>GREEN, PATRICK A 5841 WHITE CYPRESS DRIVE LAKE WORTH, FL 33467</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>Patrick A. Green, President 4-26-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, PATRICK A 5841 WHITE CYPRESS DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, LEWIS H 11656 165TH RD. JUPITER, FL 33478 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, SARAH L 5841 WHITE CYPRESS DRIVE LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, without other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-26-07 (561) 422-8050 Date Daytime Phone #	

40093886



04252007 Chg-P CR2E034 (12/06)

4. FEI Number  
**81-0648170** Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**