- 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Apr 13, 2007 08:00 All Secretary of State **DOCUMENT # P03000137346** 1. Entity Name LSCRR, INC. Principal Place of Business Mailing Address 2031 PECAN COURT 2031 PECAN COURT TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 04102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2116094 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAMANIE, LAWRENCE L JR DO NOT WRITE 2031 PECAN COURT TALLAHASSEE, FL 32303 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE SAMANIE, LAWRENCE L NAME STREET ADDRESS 2031 PECAN COURT CITY-ST-ZIP TALLAHASSEE, FL 32303 TIT) F WEEKS-SAMANIE, ANGELA NAME STREET ADDRESS 2031 PECAN COURT CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME U00000702758 04/20/07-80112-002 150.00 STREET ADDRESS CITY-ST-ZIP

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.

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NAME STREET ADDRESS CITY-ST-ZIP

Lawrence L. Samanie Tr. 4/11/07

(850)933-4429