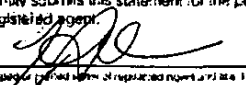
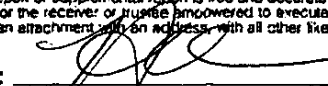


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 19, 2008 8:00 am
Secretary of State

03-24-2008 90038 013 ***150.00

DOCUMENT # P04000049872					
1. Entity Name LAWRENCE MARK REAL ESTATE INC.					
Principal Place of Business 1974 MONTFORT LANE ENTERPRISE FL 32725			Mailing Address POST OFFICE BOX 4252 ENTERPRISE FL 32725		
2. Principal Place of Business - No P.O. Box # 1974 Montfort Lane			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Deltona FL 32725			City & State		
Zip		County Volusia	Zip		Country
4. FEI Number 32-0115977			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALLEGRO, LAWRENCE 1974 MONT FORT LANE DELTONA FL 32738			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  President DATE 4-11-08 Signature, typed or printed name of registered agent and title, if applicable. DATE Registered Agent's signature required when name change.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEGRO, LAWRENCE POST OFFICE BOX 4252 ENTERPRISE FL 32725 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			4-30-08 Pres. Signature and typed or printed name of signing officer or director		

bb010330

1st MOORE - CR2E034 (10/07)