

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-17-2005 90014 037 ***150.00

DOCUMENT # P04000061619 1. Entity Name LCG SPECTRUM, INC.					
Principal Place of Business 4785 PINE TREE DRIVE BOYNTON BEACH FL 33436			Mailing Address 4785 PINE TREE DRIVE BOYNTON BEACH FL 33436		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number 65-0052209 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent GILLIS, LYNNE C 4785 PINE TREE DRIVE BOYNTON BEACH FL 33436		
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 submit 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 DATE 3/11/05 <small>Signature, typed, printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PSTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIS, LYNNE C		NAME		
STREET ADDRESS	4785 PINE TREE DRIVE		STREET ADDRESS		
CITY- ST- ZIP	BOYNTON BEACH FL 33436		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 3/11/05 561-731-1715 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>					

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