

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000064492

Entity Name: LIZARDS N FROGS INC.

FILED
Mar 13, 2006
Secretary of State

Current Principal Place of Business:

13514C PERDIDO KEY DR
PENSACOLA, FL 32507

New Principal Place of Business:

13514 PERDIDO KEY DR
PENSACOLA, FL 32507

Current Mailing Address:

5016 CHANDELLE DR
PENSACOLA, FL 32507

New Mailing Address:

13514 PERDIDO KEY DR
PENSACOLA, FL 32507

FEI Number: 20-1021163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINNECKER, LIZ
13514C PERDIDO KEY DR
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

STEINNECKER, LIZ
13514 PERDIDO KEY DR
PENSACOLA, FL 32507 US

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.

SIGNATURE: ELIZABETH STEINNECKER

03/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: STEINNECKER, LIZ
Address: 13514C PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STEINNECKER, LIZ
Address: 13514 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH STEINNECKER

PRES

03/13/2006

Electronic Signature of Signing Officer or Director

Date