


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90228 040 ***150.00

DOCUMENT # P04000065049 1. Entity Name LBS ADVISORS, INC.																													
Principal Place of Business 20537 MEETING STREET BOCA RATON, FL 33434 US			Mailing Address 20537 MEETING STREET BOCA RATON, FL 33434 US																										
2. Principal Place of Business 3923 LAWNDALE PLACE Suite, Apt. #, etc.			3. Mailing Address 3923 LAWNDALE PLACE Suite, Apt. #, etc.																										
City & State GREENSBORO NC			City & State GREENSBORO NC																										
Zip 27455		Country		4. FEI Number 20-0971568																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent RYALL, MARK 20537 MEETING STREET BOCA RATON, FL 33434				7. Name and Address of New Registered Agent Name Eric Berzok Street Address (P.O. Box Number is Not Acceptable) 2770 NE 15th St #102 City Fort Lauderdale FL Zip Code 33304																									
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 <u><i>Eric Berzok</i></u> Eric Berzok DATE 4/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RYALL, MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20537 MEETING STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33434</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	RYALL, MARK		STREET ADDRESS	20537 MEETING STREET		CITY-ST-ZIP	BOCA RATON, FL 33434		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td>3923 LAWNDALE PLACE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>GREENSBORO NC 27455</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME	3923 LAWNDALE PLACE		STREET ADDRESS	GREENSBORO NC 27455		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																											
NAME	RYALL, MARK																												
STREET ADDRESS	20537 MEETING STREET																												
CITY-ST-ZIP	BOCA RATON, FL 33434																												
TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>																												
NAME	3923 LAWNDALE PLACE																												
STREET ADDRESS	GREENSBORO NC 27455																												
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Delete <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	Delete <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>																												
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #