2006 FOR PROFIT CORPORATION' **ANNUAL REPORT**

DOCUMENT # P04000086395

LECESSE DEVELOPMENT CORPORATION

650 S NORTHLAKE BLVD STE 450 ALTAMONTE SPRINGS, FL 32701

1. Entity Name

LECESSE ANTIGUA, INC.

Principal Place of Business

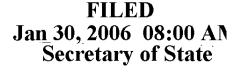
650 S NORTHLAKE BLVD

SUITE 450 ALTAMONTE SPRINGS, FL 32701 Mailing Address

650 S NORTHLAKE BLVD

SUITE 450

ALTAMONTE SPRINGS, FL 32701





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6. Name and Address of Current Registered Agent

01132006 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1311488

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE 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 refirstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Eees	-			
10.	OFFICERS AND DIREC	TORS	_ -		* # · · · # · · · · · · · · · · · · · ·			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information								
12. Hereby certify that me shormation supplied with this limit does not quality for the exemptions contained in grapher 11s, rounde Statutes. Hother certify that the individual state is the single-party state and state individual state is the and accurate and that my single-party is the land and contained that my single-party is the same accurate and that my single-party is the same accurate and the the same accurate accurate and the same accurate and the same accurate and the same accurate accurate and the same accurate accurate accurate accurate accurate accurate accurate accurate acc								

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR