

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100391

FILED  
Apr 15, 2006  
Secretary of State

Entity Name: LYRASTAR PROPERTIES, INC.

## Current Principal Place of Business:

1049 S. POINTE ALEXIS DR.  
TARPON SPRINGS, FL 34689 US

## New Principal Place of Business:

P.O. BOX 4  
TARPON SPRINGS, FL 34688 US

## Current Mailing Address:

1049 S. POINTE ALEXIS DR.  
TARPON SPRINGS, FL 34689 US

## New Mailing Address:

P.O. BOX 4  
TARPON SPRINGS, FL 34688 US

FEI Number: 20-1336082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLS, KAREN L  
1049 SOUTH POINTE ALEXIS DRIVE  
TARPON SPRINGS, FL 34689 US

## Name and Address of New Registered Agent:

GRABEL, LISA K  
2309 MINNEOLA RD.  
CLEARWATER, FL 33764 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: LISA K. GRABEL

04/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRABEL, LISA K  
Address: 2309 MINNEOLA ROAD  
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP ( ) Delete  
Name: KELLS, KAREN L  
Address: 1049 SOUTH POINTE ALEXIS DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VP (X) Delete  
Name: COX, WILLIAM J  
Address: 1049 SOUTH POINTE ALEXIS DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COX, WILLIAM J  
Address: 1114 LANCER LANE  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: V/T (X) Change ( ) Addition  
Name: GRABEL, LISA K  
Address: 2309 MINNEOLA RD.  
City-St-Zip: CLEARWATER, FL 33764 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LISA K. GRABEL

V/T

04/15/2006

Electronic Signature of Signing Officer or Director

Date