2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000136781

FILED Apr 20, 2006 Secretary of State

Entity Name: THE LAWSON GROUP INCORPOR	ATED
Current Principal Place of Business:	New Principal Place of Business:
3334 E SHENANDOAH DRIVE ORANGE PARK, FL 32065	5970 COPPER DRIVE MACCLENNY, FL 32063 US
Current Mailing Address:	New Mailing Address:
3334 E SHENANDOAH DRIVE ORANGE PARK, FL 32065	5970 COPPER DRIVE MACCLENNY, FL 32063 US
FEI Number: 20-1714732 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:	
HARPER, LEWIS W 6817 SOUTHPOINT PKWY BLDG 18 STE 1804 JACKSONVILLE, FL 32216 US	
The above named entity submits this statement for thin the State of Florida.	ne purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered	Agent Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: D () Delete Name: LAWSON, C. DAVID	Title: D (X) Change () Addition Name: LAWSON, C. DAVID

Title: D () Delete Title: D (X) Change () Addition Name: LAWSON, C. DAVID Name: LAWSON, C. DAVID Address: 3334 E SHENANDOAH DRIVE Address: 5970 COPPER DRIVE City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: MACCLENNY, FL 32063 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 LAWSON, BRENDA S
 Name:
 LAWSON, BRENDA S

 Address:
 3334 E SHENANDOAH DRIVE
 Address:
 5970 COPPER DRIVE

 City-St-Zip:
 ORANGE PARK, FL 32065
 City-St-Zip:
 MACCLENNY, FL 32063 US

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: C. DAVID LAWSON D 04/20/2006