

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151176

Entity Name: LSE REPORTING, INC.

FILED  
Jan 31, 2008  
Secretary of State

## Current Principal Place of Business:

113 BAYVIEW DRIVE  
NOKOMIS, FL 34275

## New Principal Place of Business:

719 SHADOW BAY WAY  
OSPREY, FL 34229

## Current Mailing Address:

113 BAYVIEW DRIVE  
NOKOMIS, FL 34275

## New Mailing Address:

719 SHADOW BAY WAY  
OSPREY, FL 34229

FEI Number: 83-0410344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDER, LAURA S  
113 BAYVIEW DRIVE  
NOKOMIS, FL 34275 US

## Name and Address of New Registered Agent:

EDER, LAURA S  
719 SHADOW BAY WAY  
OSPREY, FL 34229 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:

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EDER, LAURA S  
Address: 113 BAYVIEW DRIVE  
City-St-Zip: NOKOMIS, FL 34275

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: EDER, LAURA S  
Address: 719 SHADOW BAY WAY  
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify 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: LAURA S. EDER

D

01/31/2008

Electronic Signature of Signing Officer or Director

Date