2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000007963

Entity Name: LOTSA FLORIDA INC.

FILED Mar 24, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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13801 US HWY 441 SE 13135 NE 4TH TER

#77 OKEECHOBEE, FL 34973

OKEECHOBEE, FL 34974

3260 US HWY 441 S. UNIT #200 OKEECHOBEE, FL 34974

Current Mailing Address:

FEI Number: 69-3796276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

New Mailing Address:

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHREIBER, CHARLES
3260 US HWY. 441 S
UNIT #200
SCHREIBER, CHARLES
4310 10TH AVE N
LAKE WORTH, FL 33461 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: CHARLES SCHRIEBER 03/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

OKEECHOBEE, FL 34974 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T () Delete Title: P,T (X) Change () Addition
Name: WOLOSKI, JOHN R
Name: WOLOSKI, JOHN R

 Address:
 13801 US HWY 441 SE, #77
 Address:
 13135 NE 4TH TER

 City-St-Zip:
 OKEECHOBEE, FL 34974
 City-St-Zip:
 OKEECHOBEE, FL 34973

VP,S Title: VP,S (X) Change () Addition Title: () Delete DRAUGHN-WOLOSKI, LINDA E Name: DRAUGHN-WOLOSKI, LINDA E Name: 13801 US HWY 441SE #77 13135 NE 4TH TER Address: Address: OKEECHOBEE, FL 34974 OKEECHOBEE, FL 34973 City-St-Zip: City-St-Zip:

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

 Name:
 Name:
 VIRGINIA N. WOLOSKI,

 Address:
 Address:
 3260 US HWY 441 S, UNIT #200

 City-St-Zip:
 City-St-Zip:
 OKEECHOBEE, FL 34974

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

 Name:
 Name:
 MICHAEL J. J. WOLOS, KI

 Address:
 Address:
 3260 US HWY 441 S, UNIT # 200

 City-St-Zip:
 OKECHOBEE, FL 34974

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: JOHN WOLOSKI PRES 03/24/2006