2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# P05000024925

Entity Name: LMR I, INC

Current Principal Place of Business:

1715 SPLIT FORK DRIVE
OLDSMAR, FL 34677

New Principal Place of Business:

13907 W. HILLSBOROUGH AVE
TAMPA, FL 33635

Current Mailing Address:

1715 SPLIT FORK DRIVE
OLDSMAR, FL 34677

New Mailing Address:

13907 W. HILLSBOROUGH AVE.
TAMPA, FL 33635

FEI Number: 20-2349163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, LESTER
1715 SPLIT FORK DRIVE
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PERKINS, LESTER
Address: 1715 SPLIT FORK DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D ( ) Delete
Name: VINSON, RONALD J
Address: 2216 CITRUS VALLEY CIR
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: GAUL, MARK S
Address: 1715 SPLIT FORK DRIVE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: GAUL, MARK S
Address: 2007 DEL BETMAR ROAD
City-St-Zip: CLEARWATER, FL 34763

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: MARK S. GAUL D 04/24/2006
Electronic Signature of Signing Officer or Director Date