


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90005 010 ***150.00

DOCUMENT # P05000025879		
1. Entity Name LSAF, INC.		

Principal Place of Business 12230 FORREST HILL BLVD. SUITE 110-II WELLINGTON, FL 33414	Mailing Address 12230 FORREST HILL BLVD. SUITE 110-II WELLINGTON, FL 33414
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2. Principal Place of Business 13860 WELLINGTON TRACE	3. Mailing Address 13860 WELLINGTON TRACE
Suite, Apt. #, etc. SUITE 5	Suite, Apt. #, etc. SUITE 5
City & State WELLINGTON FLORIDA	City & State WELLINGTON FLORIDA
Zip 33414	Country USA

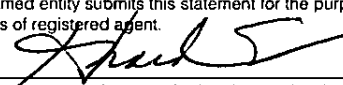
40030101



01262006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3808868		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SOHN, HOWARD 12230 FORREST HILL BLVD. SUITE 110-II WELLINGTON, FL 33414		
7. Name and Address of New Registered Agent Name: HOWARD SOHN Street Address (P.O. Box Number is Not Acceptable): 13860-5 WELLINGTON TRACE City: WELLINGTON FL Zip Code: 33414		

8. 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. I am familiar with, and accept the obligations of registered agent.

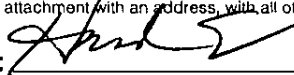
SIGNATURE:  HOWARD SOHN 3/18/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOHN, HOWARD 12230 FORREST HILL BLVD., SUITE 110-II WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD SOHN 13860-5 WELLINGTON TRACE WELLINGTON, FLORIDA 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  HOWARD SOHN 3/18/06 561-791-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #