


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000075613</b> 1. Entity Name LAKE WORTH OUTPARCEL, INC.	
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Principal Place of Business 8135 LAKE WORTH RD., SUITE B W. PALM BCH, FL 33467	Mailing Address 8135 LAKE WORTH RD., SUITE B W. PALM BCH, FL 33467
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-1488629	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  COLMAN, NANCY B ESQ. 1075 BROKEN SOUND PKWY. NE SUITE 102 BOCA RATON, FL 33487	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PECHTER, JEFFREY 8135 LAKE WORTH RD., SUITE B W. PALM BCH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PECHTER, MARTIN 751 PARK OF COMMERCE DR., SUITE 128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLOCK, STEPHEN 8135 LAKE WORTH RD., SUITE B W. PALM BCH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000828404  
02/25/08-80011-008 158.75

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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>2/12/08</b> <b>561-357-0121</b> <small>Date Daytime Phone #</small>
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