2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000083375

Entity Name: 3 LIZARDS INC.

FILED Sep 05, 2006 Secretary of State

Current F	Principal Place of E	Business:	New Principal Place	of Business:
	EN LAKE DRIVE NVILLE, FL 32259	US		
Current N	Mailing Address:		New Mailing Addres	s:
	EN LAKE DRIVE NVILLE, FL 32259	US		
FEI Number	r: FE	El Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	d Address of Curre	ent Registered Agent:	Name and Address of	of New Registered Agent:
92 SADBE QUINCY,	ISTERED AGENT II ERRY ROAD FL 32351 US			
		nits this statement for the	purpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida.	nits this statement for the	purpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. [*] RE:	nits this statement for the light		d office or registered agent, or both, Date
n the Stat SIGNATU n accordar	e of Florida. RE: Electronic Since with s. 607.193(2)(b		ent	
in the Stat SIGNATU In accordar Election Ca	e of Florida. RE: Electronic Since with s. 607.193(2)(b	ignature of Registered Ag b), F.S., the corporation did n st Fund Contribution ().	ent ot receive the prior notice.	
in the Stat SIGNATU In accordar Election Ca	e of Florida. RE: Electronic Since with s. 607.193(2)(tempaign Financing True	ignature of Registered Ag b), F.S., the corporation did note st Fund Contribution (). SS: te H DRIVE	ent ot receive the prior notice.	Date
in the Stat SIGNATU In accordar Election Ca OFFICER Title: Name: Address:	E of Florida. RE: Electronic Since with s. 607.193(2)(bumpaign Financing True S AND DIRECTOR D () Dele FRANCO, ELIZABET 216 HIDDEN LAKE D	ignature of Registered Ag b), F.S., the corporation did n st Fund Contribution (). S: te H DRIVE 32259 US te	ent ot receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: MARY ELIZABETH FRANCO D 09/05/2006