## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103851

Entity Name: THE LAMBERT GROUP, INC.

**FILED** Sep 11, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

420 ROYAL PALM WAY C/O SAMSON CAPITAL ADVISORS PALM BEACH, FL 33480

320 RIDGEVIEW DRIVE PALM BEACH, FL 33480

**Current Mailing Address:** 

**New Mailing Address:** 

420 ROYAL PALM WAY C/O SAMSON CAPITAL ADVISORS PALM BEACH, FL 33480

320 RIDGEVIEW DRIVE PALM BEACH, FL 33480

FEI Number: 20-3202126

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZISKA, MAURA A 222 LÁKEVIEW AVENUE SUITE 950 WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete

Name: DAVILA, SUSAN

420 ROYAL PALM WAY, C/O SAMSON CAPITAL ADV Address:

City-St-Zip: PALM BEACH, FL 33480

Title: () Delete Name:

Address: City-St-Zip:

Title: DPST (X) Change ( ) Addition

Name: MORGAN, SUSAN

Address: 217 PERUVIAN AVENUE, SUITE 1

PALM BEACH, FL 33480 City-St-Zip:

Title: ( ) Change (X) Addition

Name: LAMBERT, DAVID G 320 RIDGEVIEW DRIVE Address: PALM BEACH, FL 33480 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN MORGAN **DPST** 09/11/2008