2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State

DOCUMENT # P05000123671 1. Entity Name SUZANNE LKG; INC					03-23-2006 90009 015 ***150.00			
Principal Plac	e of Business	Mailing Address	_	•				
9913 NW 64 COURT		9913 NW 64 COURT		!				
PARKLAND, FL 33076 US PA		PARKLAND, FL 33076	PARKLAND, FL 33076 US					
G. Deissinal Flore of Dusiness								
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number	160723	. ——	plied For t Applicable	
Zip	Country	Zip	Coun	stry	5. Certificate of		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New Re	gistered Agent	
GALT, SUZANNE E				Name				
9913 NW 64 COURT PARKLAND, FL 33076				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
6. 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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
					1			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.				.00 May Be ded to Fees	,		
After M	ay 1, 2006 Fee will be \$550. OFFICERS AND	OO Trust Fund Control DIRECTORS	11.	- Add	ded to Fees	HANGES TO OFFIC	CERS AND DIRECTORS	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: