

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000127587

FILED
Jun 27, 2006
Secretary of State

Entity Name: LCF DEVELOPMENT GROUP CORPORATION

Current Principal Place of Business:

5011 W. HILLSBOROUGH AVE SUITE N.
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5011 W. HILLSBOROUGH AVE SUITE N.
TAMPA, FL 33634

New Mailing Address:

FEI Number: 20-3623877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKS, LAWRENCE C
5011 W. HILLSBOROUGH AVE SUITE N.
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRANKS, LAWRENCE C
Address: 5011 W. HILLSBOROUGH AVE SUITE N.
City-St-Zip: TAMPA, FL 33634 US

Title: O () Delete
Name: STANNARD, SCOTT K
Address: 5011 W. HILLSBOROUGH AVE SUITE N.
City-St-Zip: TAMPA, FL 33634 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: STANNARD, SCOTT K
Address: 5011 W. HILLSBOROUGH AVE SUITE N.
City-St-Zip: TAMPA, FL 33634 US

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: LAWRENCE C. FRANKS

P

06/27/2006

Electronic Signature of Signing Officer or Director

Date