

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90377 003 ***158.75

DOCUMENT # **PO5000137075**

1. Entity Name

LAM, INC.



DO NOT WRITE IN THIS SPACE

60024374

2. Principal Place of Business

450 COMMODORE DR.

Suite, Apt. #, etc.

213

3. Mailing Address

450 COMMODORE DR.

Suite, Apt. #, etc.

213

City & State

PLANTATION, FLA.

City & State

PLANTATION, FLA.

4. FEI Number

61-1494691

Applied For

Not Applicable

Zip

33325

Country

BROWARD

Zip

33325

Country

BROWARD

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

CR2E034B (8/05)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LARRY A. BECKER

Street Address (P.O. Box Number is Not Acceptable)

450 COMMODORE DR.

213

City

PLANTATION

FL

Zip Code

33325

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

Greg D. Becker Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/06

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P-V-T-S
LARRY A. BECKER
450 COMMODORE DR. # 213
PLANTATION FLA 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Greg D. Becker Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06

Date

954 234 4027

Daytime Phone #