## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000146323

City-St-Zip: ORLANDO, FL 32818

Entity Name: LESSINOR HIPPOLYTE, INC.

FILED Feb 26, 2007 Secretary of State

| Current Principal Place of Business:                                    |   | New Principal Place of Business:   |  |  |
|---|---|------------------------------------|--|--|
| 6561 MERITMOOR C<br>ORLANDO, FL 3281                                    |   |                                    |  |  |
| Current Mailing Address:  |   | New Mailing Address:               |  |  |
| 6561 MERITMOOR C<br>ORLANDO, FL 3281                                    |   |                                    |  |  |
| FEI Number: 22-3917847  | FEI Number Applied For ( )                | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent:                           |   | Name and Address o                 | Name and Address of New Registered Agent:    |  |
| SPIEGEL & UTRERA<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 US | •   |                                    |  |  |
| The above named en<br>in the State of Florida                           |   | purpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATURE:  |   |                                    |  |  |
| Electronic Signature of Registered Agent                                |   | ent                                | Date   |  |
| Election Campaign Finar   | ncing Trust Fund Contribution ( ).        |                                    |  |  |
| OFFICERS AND DIRECTORS:   |   | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
|   | () Delete<br>E, LESSINOR<br>ITMOOR CIRCLE | Title:<br>Name:<br>Address:        | ( ) Change ( ) Addition                      |  |

City-St-Zip:

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: LESSINOR HIPPOLYTE DP 02/26/2007