

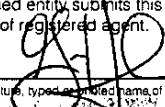
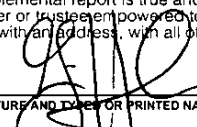


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90017 039 \*\*\*150.00

|  |                                      |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
|--|--------------------------------------|---|---|--|---------------------------------|------|--------------|--|----------------|--------------------|--|-----------------|--------------------|--|---|--|--|-------|--|---|------|--|--|----------------|--------------------------------------|--|-----------------|---------------------------|--|
| <b>DOCUMENT # P06000053048</b><br>1. Entity Name<br><b>LBG &amp; GBG, INC.</b>   |                                      |   |   |   |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| Principal Place of Business<br><b>1086 TROWBRIDGE CT<br/>LONGWOOD, FL 32750</b>  |                                      |   | Mailing Address<br><b>1086 TROWBRIDGE CT<br/>LONGWOOD, FL 32750</b>   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>142 W LAKEVIEW AVE</b>  |                                      | 3. Mailing Address<br><b>142 W LAKEVIEW AVE</b>                   |   | <br><br>01292007    Chg-P    CR2E034 (12/06) |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| Suite, Apt. #, etc.<br><b>1090</b>   |                                      | Suite, Apt. #, etc.<br><b>1090</b>                                |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| City & State<br><b>LAKE MAY FL</b>   |                                      | City & State<br><b>LAKE MAY FL</b>                                |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| Zip<br><b>32746</b>  |                                      | Zip<br><b>32746</b>   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| Country<br><b>USA</b>  |                                      | Country<br><b>USA</b>   |   | 4. FEI Number<br><b>20-4348738</b>   |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |                                      |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HIRSCH, GREG<br/>1086 TROWBRIDGE CT<br/>LONGWOOD, FL 32750</b>   |                                      |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>142 W LAKEVIEW AVE SUITE 1090</b><br>City <b>LAKE MAY</b> <b>FL</b> Zip Code <b>32746</b> |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| 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.<br><br>SIGNATURE  <b>Greg Hirsch</b><br><small>Signature, typed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>   |                                      |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |                                      |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| 10. OFFICERS AND DIRECTORS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HIRSCH, GREG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1086 TROWBRIDGE CT</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LONGWOOD, FL 32750</td> <td></td> </tr> </table>   |                                      |   | TITLE   | D  | <input type="checkbox"/> Delete | NAME | HIRSCH, GREG |  | STREET ADDRESS | 1086 TROWBRIDGE CT |  | CITY - ST - ZIP | LONGWOOD, FL 32750 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>142 W LAKEVIEW AVE SUITE 1090</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><b>LAKE MAY, FL 32746</b></td> <td></td> </tr> </table> |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS | <b>142 W LAKEVIEW AVE SUITE 1090</b> |  | CITY - ST - ZIP | <b>LAKE MAY, FL 32746</b> |  |
| TITLE  | D                                    | <input type="checkbox"/> Delete                                   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| NAME   | HIRSCH, GREG                         |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| STREET ADDRESS   | 1086 TROWBRIDGE CT                   |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| CITY - ST - ZIP  | LONGWOOD, FL 32750                   |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
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| NAME   |                                      |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| STREET ADDRESS   | <b>142 W LAKEVIEW AVE SUITE 1090</b> |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| CITY - ST - ZIP  | <b>LAKE MAY, FL 32746</b>            |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
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| STREET ADDRESS   |                                      |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| CITY - ST - ZIP  |                                      |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
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| CITY - ST - ZIP  |                                      |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
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| CITY - ST - ZIP  |                                      |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <b>Greg Hirsch</b> Date <b>2/21/07</b> Daytime Phone # <b>407-668-8415</b><br><small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                      |   |   |  |                                 |      |              |  |                |                    |  |                 |                    |  |   |  |  |       |  |   |      |  |  |                |                                      |  |                 |                           |  |