

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90018 002 \*\*\*150.00

<b>DOCUMENT # P06000056440</b> 1. Entity Name LOTG, INC.			
Principal Place of Business 1830 MERIDIAN AVE UNIT 1003 MIAMI BEACH, FL 33139		Mailing Address 1830 MERIDIAN AVE UNIT 1003 MIAMI BEACH, FL 33139	
2. Principal Place of Business - No P.O. Box 1015 Spanish River Road Suite, Apt. #, etc. 308		3. Mailing Address 1015 Spanish River Road Suite, Apt. #, etc. 308	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33432		Zip 33432	
Country US		Country US	
4. FEI Number 42-1712346		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HELM, ROB A 1830 MERIDIAN AVENUE SUITE 1003 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: Rob Helm Street Address (P.O. Box Number is Not Acceptable) 1015 Spanish River Road #308 City: Boca Raton FL Zip Code: 33432	
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: <u>Rob Helm</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HELM, ROBBIE 1830 MERIDIAN AVE., #1003 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Helm Rob 1015 Spanish River Road Boca Raton FL 33432
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HELM, LATICIA 1830 MERIDIAN AVE, #1003 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Helm Laticia 1015 Spanish River Road Boca Raton FL 33432
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 either like empowered.			
SIGNATURE: <u>Rob Helm</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	