2007 FOR PROFIT CORPORATION

May 03, 2007 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2007 90048 045 ***150.00 DOCUMENT # P06000096545 1. Entity Name LMB CONCEPTS, INC. Principal Place of Business Mailing Address 8160 BAYMEADOWS WAY WEST 8160 BAYMEADOWS WAY WEST **SUITE 190** SUITE 190 JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262007 CR2E034 (12/06) Chg-P City & State City & State Applied For 4. FEL Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BROOKS, LAWRENCE** Street Address (P.O. Box Number is Not Acceptable) 8160 BAYMEADOWS WAY WEST **SUITE 190** JACKSONVILLE, FL 32256 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Addition BROOKS, LAWRENCE NAME NAME 8160 BAYMEADOWS WAY WEST #190 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32256 CITY-ST-ZIP ☐ AdditĪon ☐ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY - ST-7IP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-S1-ZIP

CHY-ST-ZIP

DILE

NAME STREET ADDRESS

OFFICER OR DIRECTOR

Delete

☐ Change

☐ Addition