## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000104658

Entity Name: LSM REAL ESTATE, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
SUITE 343	H HOGAN ST. VILLE, FL 32202			
Current Mailing Address:		New Mailing Address	:	
SUITE 343	H HOGAN ST. VILLE, FL 32202			
FEI Number:	FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
221 NORT SUITE 343 JACKSON' The above in the State	VILLE, FL 32202 US named entity submits this statement for the of Florida.	ne purpose of changing its registered	office or registered agent, or both,	
SIGNATUF	Electronic Signature of Registered	Agent	 Date	
Election Can	npaign Financing Trust Fund Contribution ( ).	. 95		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) Delete MOORE, LANGSTON 221 NORTH HOGAN ST., STE 343 JACKSONVILLE, FL 32202 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete MOORE, LANGSTON 221 NORTH HOGAN ST., STE 343 JACKSONVILLE, FL 32202 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S ( ) Delete MOORE, LANGSTON 221 NORTH HOGAN ST., STE 343 JACKSONVILLE, FL 32202 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Delete JOHNSON, SANTANA 221 NORTH HOGAN ST., STE 343 JACKSONVILLE, FL 32202 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: LANGSTON MOORE P 04/30/2007