
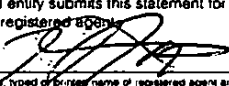



FILED
Apr 30, 2007 8:00 am
Secretary of State

04-06-2007 90032 025 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000113474			
1. Entity Name LAKE MANAGEMENT GROUP, INC.			
Principal Place of Business 37045 PINE MEADOWS LANE UMATILLA, FL 32784 US		Mailing Address 37045 PINE MEADOWS LANE UMATILLA, FL 32784 US	
2. Principal Place of Business - No P.O. Box # 16115 Country Rd 450W		3. Mailing Address P.O. Box 2449	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State UMATILLA, FL		City & State UMATILLA, FL	
Zip 32784		Zip 32784	
Country		Country	
4. FEI Number 20-5473028		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 RAMIREZ, HERNANDO 37045 PINE MEADOWS LANE UMATILLA, FL 32784		7. Name and Address of New Registered Agent Name Ramirez, Hernando Street Address (P.O. Box Number is Not Acceptable) P.O. Box 2449 16115 C. Rd. 450W City UMATILLA FL Zip Code 32784	
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  Hernando Ramirez		DATE 4/27/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	PD RAMIREZ, HERNANDO 37045 PINE MEADOWS LANE UMATILLA, FL 32784 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	AD Hernando Ramirez 16115 Country Rd 450W. UMATILLA, FL 32784 <input checked="" 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
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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
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:  Hernando Ramirez		DATE 3/28/07 DAYTIME PHONE # 352-455-4831	