2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000125098

Entity Name: LAKE ONTARIO PROPERTY HOLDING, INC.

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

247 COREY AVE. 1135 S PASADENA AVE SUITE 304 SOUTH PASADENA, FL 33707

Current Mailing Address: New Mailing Address:

247 COREY AVE. PO BOX 66207

ST. PETE BEACH, FL 33706 ST. PETE BEACH, FL 33736

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMOS, JOSE S.

247 COREY AVE

1135 S BASADENIA AVE S

247 COREY AVE.

ST. PETE BEACH, FL 33706 US

1135 S PASADENA AVE SUITE 304.
SOUTHPASADENA, FL 33707 US

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.

SIGNATURE: JOSE S RAMOS 03/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PD () Delete

 Name:
 WILLIAMS, PATRICK W.

 Address:
 247 COREY AVE.

City-St-Zip: ST. PETE BEACH, FL 33706

Title: ST () Delete Name: WILLIAMS, SHARON M.

Address: 247 COREY AVE.
City-St-Zip: ST. PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Name: WILLIAMS, PATRICK W.

Address: 1135 S PASADENA AVE SUITE 304

City-St-Zip: SOUTH PASADENA, FL 33707

Name: WILLIAMS, SHARON M.

Address: 1135 S PASADENA AVE SUITE 304 City-St-Zip: SOUTH PASADENA, FL 33707

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: PATRICK WILLIAMS PD 03/16/2009