2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33474

Entity Name: LTM HOLDINGS INC.

NORFOLK, VA 23510

City-St-Zip:

FILED Jan 31, 2006 Secretary of State

Littly Na	ille. LIMITIC	LDINGS, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	RAMBLETON K, VA 23510	AVENUE				
Current M	lailing Addre	ss:	New Maili	ing Address:		
	RAMBLETON K, VA 23510	AVENUE				
FEI Number	: 54-1389333	FEI Number Applied For()	FEI Number Not App	Dilicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 SOU	PORATION SY TH PINE ISLA ION, FL 3332	AND ROAD				
	e named entity e of Florida.	submits this statement for th	e purpose of changing i	its registered office or registered agent, or both,		
SIGNATU	RE:					
	Electro	nic Signature of Registered A	∖gent	Date		
Election Car	mpaign Financii	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (BARRY, RICH 150 W. BRAW NORFOLK, W	BLETON AVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (BATTEN, JR F 150 W BRAMI NORFOLK, VA	BLETON AVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BATTEN, FRANK 150 W BRAMBLETON AVE NORFOLK, VA		
Title: Name: Address: City-St-Zip:	GOETZ, SUSA	BLETON AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	SD (FRIDDELL, G 150 W. BRAW		Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: SUSAN S. GOETZ AS 01/31/2006