2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36844

Entity Name: L B PROPERTIES, INC.

Surrent Bringing Blood of Buginess

FILED Apr 25, 2007 Secretary of State

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Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess.
115 EAST SOUTH STREET GALESBURG, IL 61401	285 SOUTH FARNHAM STREET GALESBURG, IL 61401
Current Mailing Address:	New Mailing Address:
115 EAST SOUTH STREET GALESBURG, IL 61401	285 SOUTH FARNHAM STREET GALESBURG, IL 61401
FEI Number: 37-1272792 FEI Number Applied For () FI	El Number Not Applicable () Certificate of Status Desired (

WEISS, ROBERT A. 118 NORTH GADSDEN STREET TALLAHASSEE, FL 32301 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: Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

Name and Address of Current Registered Agent:

OFFICERS AND DIRECTORS:

4015 TALUS COURT

PEORIA, IL 61615

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Block of Business

Name and Address of New Registered Agent:

Title: (X) Change () Addition PCD () Delete Title: PCD FIKE, DONALD E., Name: Name: FIKE, DONALD E 129 VALLEY VIEW ROAD 285 SOUTH FARNHAM STREET Address: Address: City-St-Zip: GALESBURG, IL 61401 City-St-Zip: GALESBURG, IL 61401

Title: ASD () Delete Title: S (X) Change () Addition

 Name:
 FIKE, MARIE T.,
 Name:
 COX, VERNA J

 Address:
 129 VALLEY VIEW ROAD
 Address:
 303 S. WASHINGTON

 City-St-Zip:
 GALESBURG, IL 61401
 City-St-Zip:
 ABINGDON, IL 61410

Title: S () Delete Title: TD (X) Change () Addition Name: COX, VERNA J., Name: ADKINS, NICHOLAS L

 Name:
 COX, VERNA J.,
 Name:
 ADKINS, NICHOLAS

 Address:
 303 S. WASHINGTON
 Address:
 4015 TALUS COURT

 City-St-Zip:
 ABINGDON, IL 61410
 City-St-Zip:
 PEORIA, IL 61615

Title: TD (X) Delete Title: () Change () Addition Name: ADKINS, NICHOLAS L Name:

Name: Address: City-St-Zip:

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: DONALD E. FIKE PCD 04/25/2007