


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P39347 1. Entity Name LCS CORRECTIONS SERVICES, INC.	
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Principal Place of Business 147 EASY ST LAFAYETTE, LA 70506 US	Mailing Address 147 EASY ST LAFAYETTE, LA 70506 US
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1161535	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOTTLIEB & GOTTLIEB, P.A. 2475 ENTERPRISE RD. STE 100 CLEARWATER, FL 33763
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000616609
02/07/07-80034-021 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEBLANC, PATRICK L. 147 EASY ST LAFAYETTE, LA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEBLANC, MICHAEL W. 147 EASY ST LAFAYETTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOTTLIEB, RICHARD 2475 ENTERPRISE #100 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROHRBAUGH, ALBERT 80 ROGERS ST PH-A CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOTTLIEB, JERRY 2475 ENTERPRISE #100 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/07