

FILED  
Mar 11, 2008 8:00 am  
Secretary of State

02-11-2008 90043 033 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                 |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P93000037133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 |  |
| 1. Entity Name<br>LAMBTON MANAGEMENT CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                   |
| Principal Place of Business<br>840 N.E. 17TH TERRACE<br># 5<br>FT. LAUDERDALE, FL 33304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                 | Mailing Address<br>840 N.E. 17TH TERRACE<br># 5<br>FT. LAUDERDALE, FL 33304       |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 |                                                                                   |
| 6. Name and Address of Current Registered Agent<br><br>KOLTER, THOMAS J<br>840 N.E. 17TH TERRACE, # 5<br>FT. LAUDERDALE, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                             |
| 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 reappointing)<br><small>Signature, typed or printed name of registered agent (if applicable)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 |                                                                                   |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | 4. FEI Number<br>65-0411983<br>Applied For<br>Not Applicable                      |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional<br>Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                 |                                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>KOLTER, THOMAS J<br>840 N.E. 17TH TERRACE, # 5<br>FT. LAUDERDALE, FL 33304 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                                                                   |
| <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                                                                   |
| 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: <u>Thomas Kolter President</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 | <u>3-6-08</u><br><small>Date</small>                                              |