FILED Mar 05, 2007 8:00 am

	ANNUAL I		1/		2/1	Secr	etary (of S	State	
DOCUMENT # P93000080226						Secretary of State 02-12-2007 90108 049 ***150.00				
	LE PRODUCT MANUFACTUR ENTATIVES, INC.	RERS								
Principal Place of Business Mailing Address				·						
919 SHRIVE	ER CIRCLE	C/O LILLO'S								
LAKÉ MARY FL 32746 919 SHIVER CIRCLE LAKE MARY FL 32746			16							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				t COTATA AN TAILLY 1789 CT	TA BENIN URIN UREAN TEAN ÖYY	O SEED HEID	31113 15 # 141 11	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1st MOORE CR2E034 (10/06)				
City & State		City & State		4. FEI	Number 59-3213	757		pplied For of Applicable		
Zip	Country			гу	5. Cer	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
LILLO, JAMES				Name						
919	SHRIVER CIR. KE MARY FL 32746		Stroot Address		ldress (P.O. Box	(P.O. Box Number is Not Acceptable)				
			City					Zip Cod		
8. The above named entity submits this statement for the purpose of changing its registere				· · · · ·						
the obligat	named entity submits this statement is tions of registered agent.	or the purpose of changing its	s registere	d office or :	registered agent	, or both, in the State (of Florida. I am fami	iliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registared agant	and title r applicable. (NOT	E. Registered	Agent signatur	e required when remain	xerg)	CATE		···-	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State							impaign Financing Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDIT	IONS/CHANGES TO	OFFICERS AND DIE	ECTOR:	S IN 11	
! ItE	P	☐ Defete	TITLE		7.00.7	70.10,01,7102010		Change	☐ Addition	
NAME	LILLO, JAMES		NAME	1			_	ye		
SIRLET ADDRESS	919 SHIVER CIR.			1 ADDRESS						
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-	St-ZIP						
THE		☐ Delete	ITTLE	1				Change	Addition	
NAME STREET ADDRESS			NAM*						ĺ	
CHY-SI-ZIP			CITY	FADORESS ST. 7/P						
TITLE	-	Delete		31.511		·-		4		
NAME			NAME.				LI	Change	☐ Addition	
STREET ADDRESS	İ			I ADDHESS		-			;	
CITY ST-ZIP			CITY-S	ST-78P-						
TITLE		☐ Delete	illu					Change	Addition	
NAME			HAME							
STRLET ADDRESS				TADORESS						
CITY-SI-ZIP			CITY-S	SI - ZIP						
TITLE NAME		Delate	TITLE.	1				Change	Addition .	
STREET ADORESS			NAME Stree	I ADDRESS					-	
CITY-SI-ZIP			CITY-S						j	
HILE		☐ Delete	TITLE					Change	Addition	
NAME		_ Dente	NAME	Į			U	gc		
SIRLET ADDRESS			SIREET	ADDRESS					1	
CITY-ST-ZIP			CITY-S							
12. I hereby of indicated of the cor	certify that the information supplied wit on this report or supplemental report is portation or the receiver of trustee empty d. or on an attachmed with an address	h this filing does not qualify for thrue and accurate and that in powered to execute this repor	or the exe ny signatu rt as requir	motions co tre shall have red by Chap	ontained in Section we the same legal pter 607, Florida	on 119, Florida Statute Il effect as if made uno Statules; and that my	es. I further certify the derivatin, that I am a name appoars in Bl	nat the in officer ock 10 o	nformation or director or Block 11	