2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jan 10, 2007 8:00 am **Secretary of State DOCUMENT # P94000012447** 1. Entity Name 01-10-2007 90045 010 ***150.00 LRL, INC. Principal Place of Business Mailing Address 2500 S. WASHINGTON AVE 3045 ROYAL OAK DR. 400000-TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 5 WASHINGTON Suite, Apt, #, etc. Suite, Apt. #, etc. 01062007 Chg-P CR2E034 (12/06) SEARSTOWN City & State 4. FEI Number Applied For TITUSULL 59-3221771 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANTAU, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 3045 ROYAL OAK DR TITUSVILLE, FL 32780 ---Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANTAU, LOIS M NAME NAME STREET ADORESS 3045 ROYAL OAK DR STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP DT TITLE ☐ Delete TITLE ☐ Change ☐ Addition LANTAU, ROBERT W NAME NAME STREET ADDRESS 3045 ROYAL OAK DR STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32780 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition WILLIAMS, NANCY L NAME NAME STREET ADDRESS 6950 BRIGHT AVE STREET ADDRESS CITY-ST-ZIP COCOA, FL 32927 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIRE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ROBERT W LANTAU 1/8/07 321-269-4774

FILED