TOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 31, 2002 8:00 am Secretary of State

03-31-2002 90329 018 ***150.00

| LMGE INTERNATIONAL, CORP. | | |
|---|---|--|
| DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address | | B0053784 |
| 9753 W. SAMPLE ROAD 9 | 753 W. SAMPLE ROAD | DO NOT WRITE IN THIS SPACE |
| City & State City & State City & City & State City & City | y& State LORAN SPRINGS, FI | 4. FEI Number Applied For 65 - 048 9158 Not Applicable |
| Zip Country Zip 33 0 6 5 UJA 3 | 306 5 Country | 5. Certificate of Status Desired See Required Fee Required |
| Name Name Name Name Name Ni RTHA R. BONDY Street Address (P.O. Box Number is Not Acceptable) 9753 W. SAMPLE ROAD | | |
| 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. | | |
| SIGNATURE Turried Laboratory Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | |
| | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 flake Check Payable to Department of Sta | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 11. OFFICERS AND DIRECTO | ORS TITLE | |
| NAME MIRTIM R. BONDY | NAME | (12/6 |
| STREET ADDRESS 9753 W SAMPLE MARKET ADDRESS 1075 CORAL FOR NOW FL 33. | H OWEET ADDRESS | 78 B |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CR2E034B (12/01) |
| TITLE | TITLE | ; |
| NAME STREET ADDRESS CITY-ST-ZIP | NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE |
| TITLE NAME | TITLE | IN THIS SPACE |
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| CITY-ST-ZIP TITLE | CITY-ST-ZIP | |
| NAME | NAME | |
| STREET ADDRESS CITY-ST-ZIP | STREET ADDRESS CITY-ST-ZIP | |
| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered. | | |