2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 19, 2007 08:00 All Secretary of State DOCUMENT # P94000019971 1. Entity Name LAKE MARY CYCLE COMPANY Principal Place of Business Mailing Address 105 WAYMONT CT 105 WAYMONT CT LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3230523 Not Applicable Zip Country 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 Name WHITNEY, KAREN L. 105 WAYMONT CT Street Address (P.O. Box Number is Not Acceptable) LAKE MARY FL 32746 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. mu: ☐ Delete HILL ☐ Change Addition WHITNEY, KAREN L NAME NAME 771 ANDOVER CIRCLE STRUCT ADDRESS STREET ADDRESS WINTER SPRINGS FL 32708 CHY-SI-7IP CITY - S1 - 7IP THIE Delete THE Change Addition NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70F THE ☐ Defete THILE ☐ Change Addition NAME NAME STATEL ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP UD00000717765 Change IIILE ☐ Defete __ Add:tion NAME NAME 04/30/07-80061-005 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-SI-7P THILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET LADDRESS CITY - ST - 7IP CHY-SI-ZIP IIILE Delete ☐ Change Addition NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-7IP CITY - ST - ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an efficier or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutos, 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

4/17/07 4073245566