2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

FILED Apr 06, 2007 08:00 A Secretary of State DOCUMENT # P94000043554 1. Entity Name LAKE PRICE INVESTMENTS, INC. Principal Place of Business Mailing Address 2836 ENTÉRPRISE RD 1325 MERRIFIELD CT **DELTONA FL 32725** DEBARY FL 32713 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 59-3330436 Not Applicable Zip Country 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 SLUTSKY, ERWIN H 582 N. VÓLUSIA AVE Street Address (P.O. Box Number is Not Acceptable) ORANGE CITY FL 32763 City Zip Code 8. The above named onlify 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 it 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 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILLE Change TITLE Delete Addition MCVEAN, VIENNA NAME NAME U00000693557 1325 MERRIFIED CT ctrlet address STREET ADDRESS 04/16/07-80044-015 150.00 **DELTONA FL 32725** CITY-ST-ZIP CITY-ST-ZIP TITLE Deleie THIE Change ☐ Addition MCVEAN, VIENNA NAME NAME 1325 MERRIFIELD CT STREET ADDRESS STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition MCVEAN, JOHN NAME NAME 1325 MERRIFIELD CT STREET ADDRESS STREET ADDRESS **DELTONA FL 32725** CITY-ST-7#P CITY - ST- ZIP TITLE □ Defete TITLE ☐ Change ■ Addition MCVEAN, JOHN NAME NAME 1325 MERRIFIED CT STREET ADDRESS STREET ADDRESS **DELTONA FL 32725** CITY-ST-ZIP CITY - ST - 7IF TITLE Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP IITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos, I further certify that the information indicated on this report or supplemental roport 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.

JOHN MOUEAN