

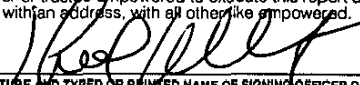


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90246 029 \*\*\*150.00

<b>DOCUMENT # P94000049817</b> 1. Entity Name <b>L.H. DOYLE, INC.</b>																																																									
Principal Place of Business <del>423 S KELLER ROAD #201</del> <del>ORLANDO, FL 32810 US</del>		Mailing Address <del>423 S KELLER ROAD #201</del> <del>ORLANDO, FL 32810 US</del>																																																							
2. Principal Place of Business Sui 1151 North Orange Avenue Winter Park, FL 32789 City _____		3. Mailing Address Sui 1151 North Orange Avenue Winter Park, FL 32789 City _____		<div style="font-size: 2em; transform: rotate(-10deg); display: inline-block;">14009122</div> 																																																					
Zip _____ Country <b>USA</b>		Zip _____ Country <b>USA</b>		04262005 Chg-P CR2E034 (10/03)																																																					
4. FEI Number <b>59-3289907</b>				Applied For <input type="checkbox"/> Not Applicable																																																					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>HOWARD B. LEFKOWITZ</b> <del>423 S KELLER ROAD #201</del> <del>ORLANDO, FL 32810</del>																																																					
7. Name and Address of New Registered Agent Name _____ Street # <b>1151 North Orange Avenue</b> (a) <b>Winter Park, FL 32789</b> City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>P</b>  <b>LEFKOWITZ, HOWARD B.</b>  <del>423 S KELLER ROAD #201</del>  <del>ORLANDO, FL</del> </td> </tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>LEFKOWITZ, HOWARD B.</b> <del>423 S KELLER ROAD #201</del> <del>ORLANDO, FL</del>	<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				<input type="checkbox"/> Delete				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>1151 North Orange Avenue</b>  <b>Winter Park, FL 32789</b> </td> </tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1151 North Orange Avenue</b> <b>Winter Park, FL 32789</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																									
SIGNATURE:  <b>4/26/05</b> <b>407-667-8989</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <b>HOWARD B. LEFKOWITZ, PRES.</b>																																																									