2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000070409

1. Entity Name



FILED Feb 25, 2008 08:00 AN Secretary of State

1. Entity Name

LX CORP.

Mailing Address

P.O. BOX 1823 ORLANDO, FL 32802

US



DO NOT WRITE IN THIS SPACE

in the second second

4. FE! Number 59-3274123

01172008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

KIRCHHOEFER, JOHN D 3614 E. AMELIA ORLANDO, FL 32803

Principal Place of Business

ORLANDO, FL 32803 US

3614 E. AMELIA

DO:NOT WRITE

No Chg-P

| The above named entity submits this statement for the purpose of changing the obligations of registered agent. | ng its registered office or registered agent, or both, in the St | ate of Florida. I am familiar with, and accept |
|--|--|--|
| | | • |
| SIGNATURE | (NATE: Benjatered Anent stresture required when reinstation) | DATE |

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be

03/07/08-80003-002 300**.**00

OFFICERS AND DIRECTORS 10. TITLE KIRCHHOEFER, JOHN D NAME STREET ADDRESS 3614 E. AMELIA CITY-ST-ZIP ORLANDO, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME ... DO NOT WRITE STREET ADDRESS CITY-ST-ZIP INATHIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

2. I hereby certify that the information supplied with this filling 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 α 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylims Phone #