

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000089611

Entity Name: LNS TECHNOLOGIES, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

100 E. MADISON ST.
SUITE 203
TAMPA, FL 33602 US

Current Mailing Address:

100 E. MADISON ST.
SUITE 203
TAMPA, FL 33602 US

New Principal Place of Business:

15310 AMBERLY DRIVE
SUITE 250
TAMPA, FL 33647 US

New Mailing Address:

15310 AMBERLY DRIVE
SUITE 250
TAMPA, FL 33647 US

FEI Number: 59-3284554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN LORELLE
100 EAST MADISON STREET
STE 203
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

JOHN LORELLE
15310 AMBERLY DRIVE
STE 250
TAMPA, FL 33647 US

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: JOHN LORELLE

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LORELLE, JOHN
Address: 100 E. MADISON ST., SUITE 203
City-St-Zip: TAMPA, FL 33602

Title: CFST () Delete
Name: LORELLE, NUBIA
Address: 100 E. MADISON ST., SUITE 203
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LORELLE, JOHN
Address: 15310 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: CFST (X) Change () Addition
Name: LORELLE, NUBIA
Address: 15310 AMBERLY DRIVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NUBIA LORELLE

CFST

04/21/2009

Electronic Signature of Signing Officer or Director

Date