



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90071 008 ***150.00

DOCUMENT # P95000038971 1. Entity Name LAMBERT INVESTMENT PROPERTIES, INC.					
Principal Place of Business 1101 18TH PLACE VERO BEACH, FL 32960			Mailing Address P.O. BOX 1477 VERO BEACH, FL 32961		
2. Principal Place of Business - No P.O. Box # 2935 20th Street Suite, Apt. #, etc.		3. Mailing Address 2935 20th Street Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State Vero Beach, FL		4. FEI Number 59-3314303	
Zip 32960		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERT, PHILIP A 1101 18TH PLACE VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name LAMBERT, PHILIP A. Street Address (P.O. Box Number is Not Acceptable) 2935 20TH STREET City VERO BEACH	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S LAMBERT, PHILIP A 1101 18TH PLACE VERO BEACH, FL 32960 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S LAMBERT, PHILIP A. 2935 20TH STREET VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LAMBERT, ROY H 1101 18TH PLACE VERO BEACH, FL 32960 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LAMBERT, ROY H. 2935 20TH STREET VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V LAMBERT, ROY H JR. 1101 18TH PLACE VERO BEACH, FL 32960 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V LAMBERT, ROY H., JR. 2935 20TH STREET VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOHUIS, NEAL R. 1101 18TH PLACE VERO BEACH, FL 32960 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOHUIS, NEAL R. 2935 20TH STREET VERO BEACH, FL 32960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 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 lines empowered.					
SIGNATURE: 			Neal R. Lohuis, Treasurer		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/18/07 Daytime Phone # (772) 778-8240		