
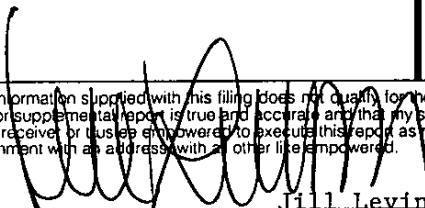


FILED
Apr 11, 2006 8:00 am
Secretary of State

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DOCUMENT # P95000048234		04-11-2006 90114 040 ***150.00	
1. Entity Name LAKE WORTH GENERAL, INC.			
Principal Place of Business 21301 POWERLINE RD SUITE 312 BOCA RATON, FL 33433 US		Mailing Address PO BOX 11229 KNOXVILLE, TN 37939 US	
2. Principal Place of Business 925 SOUTH FEDERAL HIGHWAY		3. Mailing Address	
Suite, Apt. #, etc. SUITE 425		Suite, Apt. #, etc.	
City & State BOCA RATON, FL		City & State	
Zip 33432		Country	
Country		Country	
6. Name and Address of Current Registered Agent WALTERS, CLIFFORD L 802 11TH STREET WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PD LEVIN, RICHARD 1733 WEST FLETCHER AVENUE TAMPA, FL 33612		PD LEVIN, RICHARD 340 S. PALM AVENUE, APT. 45 SARASOTA, FL 34236	
VSD RICE, SUZANNE L 1733 FLETHCER AVENUE TAMPA, FL 33612		VSD LEVIN, STEVEN 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432	
VSD LEVIN, STEVEN 21301 POWERLINE ROAD SUITE #312 BOCA RATON, FL 33433		VSD LEVIN, STEVEN 925 SOUTH FEDERAL HIGHWAY, SUITE 425 BOCA RATON, FL 33432	
T LEVIN, JILL 5410 HOMBERG DR STE A KNOXVILLE, TN 37919		T LEVIN, JILL 5410 HOMBERG DR STE A KNOXVILLE, TN 37919	
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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 a other like empowered.			
SIGNATURE:  Jill Levin, Treasurer		3/24/06 (865) 584-4175	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	