2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000057491

1. Entity Name LIALMA, INC.



FILED Aug 07, 2006 08:00 Al Secretary of State

Principal Place of Business

1311 SOUTH US 1 ROCKLEDGE, FL 32955 Mailing Address

1311 SOUTH US 1

ROCKLEDGE, FL 32955 US

| 100|

07062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3331400

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGERS, RICHARD L 1135 S WASHINGTON AVE TITUSVILLE, FL 32780

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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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 **9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS TITLE ROBAINA, ILEANA NAME STREET ADDRESS 438 VIA PALERMO CT CITY-ST-ZIP MERRITT ISLAND, FL 32953 TITLE ROBAINA, MARIO NAME STREET ADDRESS 438 VIA PALERMO CT CITY-ST-ZIP MERRITT ISLAND, FL 32953 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT: E

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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 all other like empowered.

SIGNATURE:

NAME STREET ADDRESS City-St-Zip

lleana Robaine

MAS ILEANA ROBAINA

8/2/00

321-631-5811