2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P96000021392

Entity Name: LISA ENTERPRISE GROUP, INC.

Current Principal Place of Business:

P.O.B #170765
HIALEAH, FL 33017 65

New Principal Place of Business:

Current Mailing Address:

P.O.B #170765.
HIALEAH, FL 330017-07 65

New Mailing Address:

FEI Number: 65-0651263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRYCE, LASCELLES
5231 N.W. 180TH TERRACE
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

PRYCE, LASCELLES
P O BOX 170765
HIALEAH, FL 33017 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: LASCELLES D. PRYCE II 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PRYCE, LASCELLES D II
Address: P.O.B. # 170765
City-St-Zip: HIALEAH, FL 33017 65

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: PRYCE, LASCELLES D III
Address: P O BOX # 170765
City-St-Zip: HIALEAH, FL 33017

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LASCELLES D. PRYCE II D 04/30/2005
Electronic Signature of Signing Officer or Director Date