


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90413 045 ***150.00

DOCUMENT # P96000044699		
1. Entity Name LHI LANTANA CORP.		

Principal Place of Business 4512 N. FLAGLER DRIVE #201 WEST PALM BEACH, FL 33407	Mailing Address PO BOX 6848 W PALM BEACH, FL 33405-6848
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03292006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0763862		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MAY, MARK R 4512 N FLAGLER DR., STE 201 WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name: <u>Hillary Harrison Gulden, Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>4512 N. Flagler Dr. Ste 201 A</u> City: <u>W. Palm Bch</u> FL Zip: <u>33407</u>

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] DATE: 3/29/06

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAY, MARK R 4512 N FLAGLER DR., STE 201 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE: 3/29/06 (561) 835-1790

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR