


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000048227</b> 1. Entity Name LAKE MARY OF CENTRAL FLORIDA, INC.	
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Principal Place of Business 28 W CENTRAL AVE ORLANDO, FL 32802	Mailing Address 25 IMPERIAL ST, SUITE 500 TORONTO ONTARIO CANADA M5P 1B9, XX
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**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3385679	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  THE MARSTEL CORPORATION 2615 S UNIVERSITY DR DAVIE, FL 33328
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>U00000561597</b> <b>05/19/06-80021-002 1350.00</b> <small>(NOTE, Registered Agent signature required when reinstating)</small>	DATE
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LAURIE, FRANK P O BOX 3444 N/A ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LIPSON, BARRY P O BOX 3444 N/A ORLANDO, FL 32802
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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.

<b>SIGNATURE:</b>  <b>FRANK LAURIE</b> <b>5/2/06</b> <b>416 483-8218 #225</b>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		