



# 2007. FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P96000048227</b> 1. Entity Name LAKE MARY OF CENTRAL FLORIDA, INC.				FILED 07 APR 30 AM 10: 06 HALL COUNTY, FLORIDA	
Principal Place of Business 28 W CENTRAL AVE ORLANDO, FL 32802		Mailing Address 25 IMPERIAL ST, SUITE 500 TORONTO ONTARIO CANADA M5P 1B9, XX			
2. Principal Place of Business - No P.O. Box # 25 IMPERIAL STREET		3. Mailing Address Suite, Apt. #, etc. SUITE 500			
City & State TORONTO, ONTARIO		City & State City: Zip: Country:		4. FEI Number 59-3385679	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent THE MARSTEL CORPORATION 2615 S UNIVERSITY DR DAVIE, FL 33328		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: State: 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 reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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	PTD LAURIE, FRANK P O BOX 3444 N/A ORLANDO, FL 32802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300103010199 05/22/07--01021--004 **1850.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LIPSON, BARRY P O BOX 3444 N/A ORLANDO, FL 32802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	b3518	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	b3518	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	b3518	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	b3518	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			15 APR 2007 Date		
416-4838018 Daytime Phone #			416-4838018		