
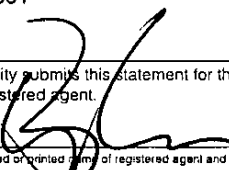
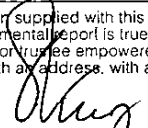


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000068428 1. Entity Name LUGO, INC.					
Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801			Mailing Address 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # 420 S. Orange Ave.		3. Mailing Address 420 S. Orange Ave.			
Suite, Apt. #, etc. Suite 1200		Suite, Apt. #, etc. Suite 1200			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32801		Country U.S.A		4. FEI Number 59-3469028	
Zip 32801		Country U.S. A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, THOMAS T 255 SOUTH ORANGE AVENUE SUITE 1700 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 E. Park Ave. City Tallahassee FL Zip Code 32301		
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:  Kevin R. Roberts, President 4-9-07 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	VSD AUFSEESSER, ERNEST 20, CH. COLLADON CH 1209 GENEVA SWITZERLAND, <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	TD KURZ, PETER 35, CH. DE LA SEYMAZ CH. 1253 VANDOEUVRES SWITZERLAND, <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	D WEBER, JEAN-PIERRE BELCHENSTRASSE 19 CH-4054 BASEL SWITZERLAND, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500097570506 <input type="checkbox"/> Addition 04/19/07--01032--025 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSS, THOMAS T 255 SOUTH ORANGE AVENUE ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ross Thomas T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420 S. Orange Ave, Ste 1200 Orlando, FL 32801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAATHOFF, DWIGHT D 255 S. ORANGE AVE ORLANDO, FL 32801 <input checked="" 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	<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:  P. Kurz, Treas. 3/19/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

2007 APR -9 PM 12:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA



02232007 Chg-P CR2E034 (12/06)

APR - 9 2007