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FILED

2005 FOR PROFIT CORPORATION ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P97000093091 05 MAR 10 AM 9: 40 LPH DEVELOPERS, INC. Principal Place of Business Mailing Address 9095 SW 87TH AVE 9095 SW 87TH AVE #777 MIAMI, FL 33176 US MIAMI, FL 33176 US No Chq-P CR2E034 (10/03) 01112005 DO NOT WRITE IN THIS SPACE Applied For **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WOLFE, LEON J % BERMAN WOLFE & RENNERT, P.A. 100 SE SECOND ST., 35TH FLOOR IN THIS SPACE MIAMI, FL 33131-2130 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MITCHELL, JAMES R NAME 9095 GALLOWAY ROAD, #777 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 000049109560 TITLE 03/24/05--01050--026 ***676.25 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify 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 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 TYPETON PRINTED NAME OF SIGNATURE OR DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

James R. Mitchell

2/25/05 305-270-0870