
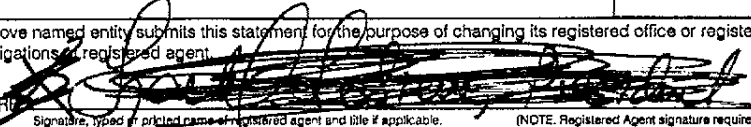

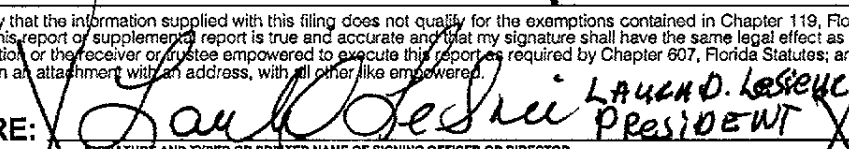


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000103158 1. Entity Name LDH REPORTING, INC.		
Principal Place of Business 525 PALMETTO RD BELLEAIR, FL 33756	Mailing Address 525 PALMETTO RD BELLEAIR, FL 33756	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LESIEUR, LAURA D 525 PALMETTO ROAD BELLEAIR, FL 33756		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:  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE: 		
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	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESIEUR, LAURA D 525 PALMETTO RD BELLEAIR, FL 33756	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  LAURA D. LESIEUR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date: 1/15/06 Daytime Phone #: 727.581.0187		



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3482171	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

UN00000394196
01/25/06-80051-018 150.00

**DO NOT WRITE
IN THIS SPACE**