

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104731

Entity Name: LM DEVELOPMENT GROUP, INC.

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

3325 S UNIVERSITY DRIVE
STE 201
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

3325 S UNIVERSITY DRIVE
STE 201
DAVIE, FL 33328

New Mailing Address:

FEI Number: 65-0881794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REISS, ADAM PA
3325 S. UNIVERSITY DRIVE
SUITE 210
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOMBARDI, MICHAEL
Address: 3325 S UNIVERSITY DR STE 201
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: MATZ, BRIAN
Address: 3325 S UNIVERSITY DR SUITE 201
City-St-Zip: DAVIE, FL 33328

Title: D () Delete
Name: LOMBARDI, BARNEY
Address: 3325 S UNIVERSITY DRIVE SUITE 201
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LOMBARDI

D

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date