2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008698

BAUMAN, NEVIN

120 SOUTH OLIVE, SUITE 402

WEST PALM BEACH, FL 33401

Name:

Address:

City-St-Zip:

Entity Name: LESSARD & BAUMAN, INC.

FILED Jan 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 120 SOUTH OLIVE SUITE 402 WEST PALM BEACH, FL 33401 **New Mailing Address: Current Mailing Address:** 120 SOUTH OLIVE SUITE 402 WEST PALM BEACH, FL 33401 FEI Number: 65-0895942 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE MENDOZA, MARIO G G III 12765 FOREST HILL BLVD **SUITE 1302** WELLINGTON, FL 33414 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete Title: () Change () Addition Name: LESSARD, CARL Name: 120 SOUTH OLIVE, SUITE 402 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: () Delete Title: **VPAS** Title: () Change () Addition Name: DE MENDOZA, MARIO G III Name: 12765 FOREST HILL BLVD #1302 Address: Address: WELLINGTON, FL 33414 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CARL LESSARD PRES 01/20/2006