


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90015 029 ***150.00

DOCUMENT # P99000107678 1. Entity Name LPS, INC.	
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Principal Place of Business 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236	Mailing Address 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236
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02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0974800	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LPS CORPORATE SERVIES, INC. 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236

**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) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIVINGSTON, CHARLES H 46 N. WASHINGTON BLVD #1 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST PATTERSON, JOHN 46 N. WASHINGTON BLVD #1 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STRICKLAND, JOHN M 46 N. WASHINGTON BLVD #1 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07 941 3650550
Date Daytime Phone #