


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90077 040 \*\*\*150.00

<b>DOCUMENT # V02087</b>		
1. Entity Name LAKE SHORE DRIVE, INC.		

Principal Place of Business 545 DELANEY AVENUE, BLDG. #7 ORLANDO, FL 32801 US	Mailing Address 545 DELANEY AVENUE, BLDG. #7 ORLANDO, FL 32801 US
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2. Principal Place of Business - No P.O. Box # 200 S. Orange Avenue	3. Mailing Address 200 S. Orange Avenue
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Suite, Apt. #, etc. Suite 2025	Suite, Apt. #, etc. Suite 2025
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City & State Orlando, FL	City & State Orlando, FL
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Zip 32801	Country US	Zip 32801	Country US
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40105115



02022007 Chg-P CR2E034 (12/06)

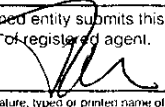
4. FEI Number 59-3098493	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  URBAN & THIER, P.A. 545 DELANEY AVENUE, BLDG. #7 ORLANDO, FL 32801	
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7. Name and Address of New Registered Agent Name Urban & Thier, P.A. Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Avenue, Suite 2025 City Orlando FL Zip Code 32801	
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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 	DATE 05/01/07
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THIER, CARL-CHRISTIAN 7485 LAKE MARSHA DR. ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 05/01/07	DAYTIME PHONE # 407-245-8360
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