## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V13590

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

**FILED** Feb 15, 2008 Secretary of State

Entity Name: LOIS MITCHELL, INC. **Current Principal Place of Business: New Principal Place of Business:** 601 N. CONGRESS AVENUE SUITE 424 DELRAY BEACH, FL 33445 US **New Mailing Address: Current Mailing Address:** 601 N. CONGRESS AVENUE SUITE 424 DELRAY BEACH, FL 33445 US FEI Number: 65-0313440 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: CORPORATION SERVIVE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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: (X) Change ( ) Addition () Delete Title: LEVIN, LOIS, FRANZ, PETER B Name: Name: 4332 BOCAIRE BLVD C/O FCP, 101 E. KENNEDY BLVD., S3925 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: TAMPA, FL 33602 VD Title: VD Title: () Delete (X) Change ( ) Addition LEVIN, MITCHELL. Name: Name: WONG, FELIX J 4332 BOCAIRE BLVD C/O FCP, 101 E. KENNEDY BLVD., \$3925 Address: Address: TAMPA, FL 33602 BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: Title: Title: () Delete CD ( ) Change (X) Addition FRANCIOSE, RICHARD Name: Name: C/O FCP, 101 E. KENNEDY BLVD., S3925 Address Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33602

HAAS, DAVID L

TAMPA, FL 33602

( ) Change (X) Addition

C/O FCP, 101 E. KENNEDY BLVD., S3925

SD

SIGNATURE: DAVID L. HAAS SD 02/15/2008