## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V29196

FILED Jan 30, 2007 Secretary of State

Entity Name: LORD CULTURAL RESOURCES PLANNING & MANAGEMENT INC.

**Current Principal Place of Business: New Principal Place of Business:** 

3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308

**Current Mailing Address: New Mailing Address:** 

3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308

FEI Number: 65-0329823 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:

THOMSON BROCK CHERRY & COMPANY THOMSON BROCK LUGER & COMPANY 3375-G CAPITAL CIRCLE NE 3375-G CAPITAL CIRCLE NE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308

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: FRED LUGER 01/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition LORD, GAIL DEXTER LORD, GAIL DEXTER Name: Name: 301 DAVENPORT RD. 321 DAVENPORT RD. Address: Address: City-St-Zip:

TORONTO, ON City-St-Zip: TORONTO, ON M5R 1K5

Title: **DVPS** Title: () Delete (X) Change ( ) Addition Name: LORD, BARRY Name: LORD, BARRY 301 DAVENPORT RD. 321 DAVENPORT RD. Address: Address: TORONTO, ON M5R 1K5 City-St-Zip: TORONTO, ON City-St-Zip:

Title: Title: DVP (X) Delete () Change () Addition

NICKS, JOHN Name: Name: 301 DAVENPORT RD. Address: Address: City-St-Zip: TORONTO, ON City-St-Zip:

Title: VΡ (X) Delete Title: () Change () Addition

MILLS, STEPHEN Name: Name: Address: 301 DAVENPORT RD. Address: City-St-Zip: TORONTO, ON 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: MIRIAM D. ROBERTS OM 01/30/2007