


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 626709
 1. Entity Name
LUDLUM CORPORATION



Principal Place of Business 231 ALTARA AVE CORAL GABLES, FL 33146 US	Mailing Address 231 ALTARA AVE CORAL GABLES, FL 33146 US
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1918635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FERNANDEZ, HERMINIA CPA
 231 ALTARA AVE
 CORAL GABLES, FL 33146**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

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

00000555892
 05/16/06-80051-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHULEVITZ, WILLIAM 231 ALTARA AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SHULEVITZ, DEBORAH 231 ALTARA AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHULEVITZ, MICHAEL 231 ALTARA AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHULEVITZ, JUDITH 231 ALTARA AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 changed, or an attachment with an address, with all other like empowered.

SIGNATURE:  **WILLIAM SHULEVITZ, PRES.** **4/27/06** **305-448-1648**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #