


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90042 043 \*\*\*158.75

<b>DOCUMENT # 630120</b>			
1. Entity Name <b>LAUREATE IMPORTS COMPANY</b>			
Principal Place of Business <b>3590 CHEROKEE STREET 101A KENNESAW, GA 30144 US</b>		Mailing Address <b>3590 CHEROKEE STREET 101A KENNESAW, GA 30144 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		<b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>RD</b>	TITLE	<b>PD</b>
NAME	<b>PENGOV, MATEVZ</b>	NAME	<b>ZOBEC, JANE Z</b>
STREET ADDRESS	<b>1000 LJUBLJANA</b>	STREET ADDRESS	<b>TRZASKA CESTA 132</b>
CITY-ST-ZIP	<b>FRANKOPANSKA II, SL</b>	CITY-ST-ZIP	<b>1000 LJUBLJANA, SLOVENIA</b>
TITLE	<b>VS</b>	TITLE	<b>VS</b>
NAME	<b>FUGINA, LIJANA</b>	NAME	<b>ANDREJ VALENTINCIC</b>
STREET ADDRESS	<b>1000 LJUBLJANA</b>	STREET ADDRESS	<b>TRZASKA CESTA 132</b>
CITY-ST-ZIP	<b>FRANKOPANSKA II, SL</b>	CITY-ST-ZIP	<b>1000 LJUBLJANA, SLOVENIA</b>
TITLE	<b>VP</b>	TITLE	
NAME	<b>SCHERMERHORN, JOHN</b>	NAME	
STREET ADDRESS	<b>10335 OLD PRINCESS ANNE RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>PRINCESS ANNE, MD</b>	CITY-ST-ZIP	
TITLE	<b>T</b>	TITLE	
NAME	<b>ADAMS, NELDA N</b>	NAME	
STREET ADDRESS	<b>5755 JACOBS ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ACWORTH, GA 30102</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Nelda M. Adams</u>		Date: <u>03/14/06</u> Daytime Phone #: <u>7704271010</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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03142006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1918862** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required