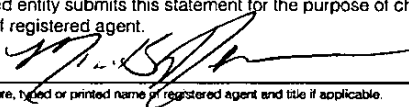


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90126 003 ***150.00

DOCUMENT # F03000002741 1. Entity Name JOHNSON & ST. LAWRENCE, INC.					
Principal Place of Business 250 NORTH HARBOR DRIVE, SUITE 305 REDONDO BEACH, CA 90277			Mailing Address 250 NORTH HARBOR DRIVE, SUITE 305 REDONDO BEACH, CA 90277		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 95-4666051			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTCD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ST. LAWRENCE, MICHAEL		NAME		
STREET ADDRESS	1019 DIAMOND STREET		STREET ADDRESS		
CITY-ST-ZIP	REDONDO BEACH, CA 90277		CITY-ST-ZIP		
TITLE	VSD ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	JOHNSON, STEVEN		NAME		
STREET ADDRESS	2413 POINTSETTIA AVE.		STREET ADDRESS		
CITY-ST-ZIP	MANHATTAN BEACH, CA 90266		CITY-ST-ZIP		
TITLE	V ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LOWERY, BRIAN		NAME		
STREET ADDRESS	5226 E APPIAN WAY		STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH, CA 90803		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
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 exemption stated in Section 119.07(3)(i), 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.

