2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

	AIVI	EIIDED AIV	NUAL REPO			ž					
DOCUMENT # F03000002741 1. Enlity Name								j.	F_{II}	Example 1	
JOHNSON & ST. LAWRENCE, INC.								05 MA}	′~6 a	7 <i>()</i>	
Principal Place	e of Business	S	Mailing Address		Part age	2.55.		SECI	A_i	^{M 9:} 17	
250 NORTH HARBOR DRIVE, SUITE 305 REDONDO BEACH, CA 90277			250 NORTH HARBOR DRIVE, SUITE 305 REDONDO BEACH, CA 90277					OS MAY SECIO	SSEE, T	LORIDA	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04252005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State				4. FEI Number 95-4666			-	plied For t Applicable
Zip		Country	Zip	Coun	ry			f Status Desired		\$8.75 Add Fee Required	
	6. Name	and Address of Current	Registered Agent		Name		7. Name and A	ddress of New R	egistered /	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						idress (F	² .O. Box Number	is Not Acceptable)		
					City	 			FL	Zip Code	
8. The above the obligati	named entity ions of regist	y submits this statement for ered agent.	or the purpose of changing its	registere	d office or	register	ed agent, or both	, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE_											
	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	l Agent signatur	re required	when reinstaling)		DATE		
Am	ended AF	R is \$61.25	9. Election Campa Trust Fund Con	_	cing		00 May Be ed to Fees	90055!	572 808-3	342 **61.2	o c
Am		R is \$61.25	Trust Fund Con	_			ed to Fees 06/1	705 - 0103 - 3 HANGES TO OFF	572: F-008 CERS AND	342 **612	01 <u>5</u> 5 IN 11
10. TITLE NAME	PTCD ST. LAWR	OFFICERS AND	Trust Fund Con	11. TITLE			ed to Fees 06/1	705-0035 705-0003 CHANGES TO OFF	572 F-008 CERS AND	3.4.2 **61 DIRECTORS	DIC S IN 11
10. TITLE NAME STREET ADDRESS CITY- ST-ZIP	PTCD ST. LAWR 1019 DIAN REDOND	OFFICERS AND	Trust Fund Con	11. TITLE NAMI STRE	ET ADDRESS ST-ZIP	Adde	ed to Fees 06/61	7US	572: E-008 Cers and	☐ Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN	Trust Fund Con	11. TITLE NAMI CITY INTLE NAMI	ET ADDRESS ST-ZIP		ed to Fees 06/61	7US	572 F-008 Cers and		
10. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY, 5226 E AR	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN PPIAN WAY	Trust Fund Con	THLE NAME STREE NAME STREE NAME STREE NAME STREE NAME STREE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS	Adde	ed to Fees 06/61	705-0035 705-0033 HANGES TO OFFI	ST2 E-008 Cers and	☐ Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY, 5226 E AR	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN	Trust Fund Con	THLE NAME STREE NAME STREE NAME STREE NAME STREE NAME STREE NAME STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST ADDRESS ST-ZIP	Adde	ADDITIONS/C			☐ Change	Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY, 5226 E AR	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN PPIAN WAY	Trust Fund Con DIRECTORS Delete	TILE NAMI STRE CITY. ITTLE NAMI STRE CITY. ITTLE NAMI STRE CITY.	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST ADDRESS ST-ZIP	Adde	ADDITIONS/C			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY, 5226 E AR	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN PPIAN WAY	Trust Fund Con DIRECTORS Delete	TILE NAMI STRE CITY- ITTLE NAMI STRE CITY- TITLE NAMI STRE CITY- TITLE NAMI STRE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST ADDRESS ST-ZIP	Adde	ADDITIONS/C			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY, 5226 E AR	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN PPIAN WAY	Trust Fund Con DIRECTORS Delete	Tribution. 11. TITLE NAMI STRE CITY. ITTLE NAMI STRE CITY. TITLE NAMI STRE CITY. TITLE NAMI STRE CITY.	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Adde	ADDITIONS/C	THANGES TO OFF		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY, 5226 E AR	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN PPIAN WAY	Trust Fund Con	TILE NAMI STRE CITY. HTLE NAMI STRE CITY. HTLE NAMI STRE CITY. HTLE NAMI STRE CITY.	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	Adde	ADDITIONS/C			Change	Addition Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY, 5226 E AR	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN PPIAN WAY	Trust Fund Con	Tribution. 11. TITLE NAMI STRE CITY. ITTLE NAMI STRE CITY. TITLE NAMI STRE GITY. TITLE NAMI STRE GITY.	ET ADDRESS ST-ZIP	Adde	ADDITIONS/C			Change	Addition Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY, 5226 E AR	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN PPIAN WAY	Trust Fund Con DIRECTORS Delete Delete Delete	TITLE NAMI STRE CITY- TITLE NAMI STRE	ET ADDRESS ST-ZIP	Adde	ADDITIONS/C			Change Change	Addition Addition
TO. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY, 5226 E AR	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN PPIAN WAY	Trust Fund Con DIRECTORS Delete Delete Delete	TITLE NAMI STRE CITY- TITLE NAMI STRE	ET ADDRESS ST-ZIP	Adde	ADDITIONS/C			Change Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD ST. LAWR 1019 DIAN REDOND V LOWERY, 5226 E AR	OFFICERS AND RENCE, MICHAEL MOND STREET O BEACH, CA 90277 , BRIAN PPIAN WAY	Trust Fund Con DIRECTORS Delete Delete Delete Delete	Tribution. 11. TITLE NAMI STRE CITY- FITLE NAMI STRE CITY- TITLE NAMI	ET ADDRESS ST-ZIP	Adde	ADDITIONS/C			Change Change Change	Addition Addition Addition Addition

12. Thereby certify that the information supplied with this filling 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 suppliemental 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 of movered 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 attackment with an address, with all other like empowered.

CIGNATURE / Howery