

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H44812

Entity Name: LASER BLADES, INC.

FILED  
Jan 05, 2006  
Secretary of State

## Current Principal Place of Business:

% THOMAS P. JOHANNING  
1735 APEX ROAD  
SARASOTA, FL 34240

## Current Mailing Address:

% THOMAS P. JOHANNING  
1735 APEX ROAD  
SARASOTA, FL 34240

FEI Number: 59-2523817

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## New Principal Place of Business:

THOMAS P. JOHANNING  
1735 APEX ROAD  
SARASOTA, FL 34240

## New Mailing Address:

THOMAS P. JOHANNING  
1735 APEX ROAD  
SARASOTA, FL 34240

## Name and Address of Current Registered Agent:

JOHANNING, THOMAS P.  
1735 APEX ROAD  
SARASOTA, FL 34240 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JOHANNING, THOMAS P.,  
Address: 6407 JACKIE LYNN CT.  
City-St-Zip: SARASOTA, FL

Title: VD ( ) Delete  
Name: JOHANNING, BARBARA J  
Address: 6407 JACKIE LYNN CT  
City-St-Zip: SARASOTA, FL 34241

Title: S ( ) Delete  
Name: DAVENPORT, JACQUELINE C  
Address: 1220 FRASER PINE BLVD  
City-St-Zip: SARASOTA, FL 34240

Title: T ( ) Delete  
Name: JOHANNING, THOMAS M  
Address: 2438 ICE CAPADE DR.  
City-St-Zip: SARASOTA, FL 34240

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JOHANNING, THOMAS P.,  
Address: 6407 JACKIE LYNN CT.  
City-St-Zip: SARASOTA, FL 34241

Title: VD (X) Change ( ) Addition  
Name: JOHANNING, THOMAS P  
Address: 6407 JACKIE LYNN CT  
City-St-Zip: SARASOTA, FL 34241

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: THOMAS P. JOHANNING

PD

01/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date