


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90275 001 *1,500.00

DOCUMENT # K28756	
1. Entity Name LAWSON & CO., INC.	

Principal Place of Business 12323 SW 55TH STREET #1006 COOPER CITY, FL 33330	Mailing Address 12323 SW 55TH STREET #1006 COOPER CITY, FL 33330
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66013623



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0132423	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

LAWSON, DANIEL
 8341 NW 23RD STREET
 PEMBROKE PINES, FL 33024

DO NOT WRITE IN THIS SPACE

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


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWSON, WILLIAM J 8640 NW 19TH ST PEMBROKE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWSON, RICHARD 3200 PORT ROYALE DR N #2108 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARISI, CYNTHIA 6731 SW 128TH PLACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAREZ, MIGUEL 5223 SW 128TH PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWSON, DANIEL 8341 NW 23RD STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **Charles M. Diveto, Jr., CPA, PA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 7425 N.W. 4th Street
 Plantation, Florida 33317

Date: **4/24/06** Daytime Phone #: **954-321-6300**