## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 17, 2006 8:00 am Secretary of State

1. Entity Nam LAUREL	MENT # N11841	ASSOCIATION, INC			0.	3-17-2006 90	0121 023	****61.	25
Principal Place of Business 275 LAUREL HOLLOW DRIVE NOKOMIS, FL 34275 US		Mailing Address C/O THE PAPER TRAIL P.O. BOX 20752 SARASOTA, FL 34276 US							
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02122006	Chg-NP	CR2E037	(11/05)	
City & State		City & State			4. FEI Number				
Zip	Country	Zip		intry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New Re	egistered Ag	ent	
MOBIEV	DOLLING.			Name					
MORLEY, BONNIE;:     338 LAUREL HOLLOW DRIVE   NOKOMIS, FL 34275				Street Address	(P.O. Box Number is Not Acceptable)				
NOKOWIS	FL 342/3								-
				City	FL Zip Code			-	
	named entity submits this statement for	the purpose of changing its	registere	ed office or regist	ered agent, or both, i	n the State of Flo		nilíar with, a	and accept
the obligat	tions of registered agent.			- ;					1
signature .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature requir	ed when reinstating)		DATE		<del></del> -
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	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Can Trust Fund C	npaign F	inancing	\$5.00 Mm. Ba		ske check p da Departm		
10.		Trust Fund C	npaign F	inancing	\$5.00 May Be -Added to Fees	Flori	ske check p da Departm	ent of St	ate
10.	Due by May 1, 2006	Trust Fund C	npaign F Contributi	inancing ion: - 🗆	\$5.00 Mm. Ba	Flori	ake check p da Departm RS AND DIRE	ent of St	ate
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation of the receiver or trustee empowered.

SIGNATURE:

SIMPOLE BONE MORICY
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/06

941.412.067

Daytime Phone #