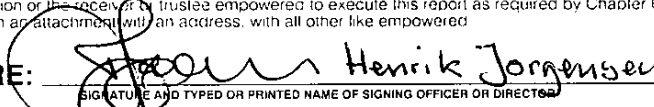


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90426 020 ***150.00

DOCUMENT # P00000020492					
1. Entity Name L R G INTERNATIONAL INC.					
Principal Place of Business 8428 SUNSTATE ST. TAMPA, FL 33634			Mailing Address 8428 SUNSTATE ST. TAMPA, FL 33634		
2. Principal Place of Business 5111 West Knox St.		3. Mailing Address 5111 West Knox St.			
Suite, Apt #, etc		Suite, Apt # etc			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3626977	
Zip 33634		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOERGENSEN, HENRIK A 8428 SUNSTATE ST. TAMPA, FL 33634			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, 2006 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 (If 11)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOERGENSEN, HENRIK A 8428 SUNSTATE STREET TAMPA, FL 33634	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHL, CARSTEN 8428 SUNSTATE ST. TAMPA, FL 33634	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ☐ Change ☐ Addition			
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: 		Date: 4/13/06 Daytime Phone #: 813-885-6061			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					