


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90002 004 ***150.00

DOCUMENT # P00000113251	
1. Entity Name LAKEUKA INC.	

Principal Place of Business 9745 N. MARINA DR SEBASTIAN FL 32958	Mailing Address 9745 N. MARINA DR SEBASTIAN FL 32958
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3685150		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GILSON, EUGENE 9745 N MARINA DRIVE SEBASTIAN FL 32958		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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSON, JACKLYN	NAME	
STREET ADDRESS	9745 N. MARINA	STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	GILSON GREGORY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSON, GREGORY	NAME	336 CORAL ST
STREET ADDRESS	228 ONONDAGA ST.	STREET ADDRESS	VENICE FL 34285
CITY-ST-ZIP	CORNING NY 14830	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	GILSON LYNNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSON, LYNNE	NAME	830 FULTON ST.
STREET ADDRESS	125 N. KALAHEO AVE.	STREET ADDRESS	REDWOOD CITY CA 94062
CITY-ST-ZIP	KAILUA HI 96734	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILSON, JENNIFER	NAME	
STREET ADDRESS	1 HUGO CT.	STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS MD 20906	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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 <i>Jacklyn M. Gilson</i>	Date <i>1/21/05</i>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		