


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90195 002 ***150.00

DOCUMENT # P02000056318
 1. Entity Name
LAISVA, INC.



Principal Place of Business Mailing Address
8765 FAWN RIDGE DRIVE FORT MYERS, FL 33912 **8765 FAWN RIDGE DRIVE FORT MYERS, FL 33912**

40080449



2. Principal Place of Business 3. Mailing Address
21851 Rainbow Lake Ct *21851 Rainbow Lake Ct*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04192006 Chg-P CR2E034 (11/05)

City & State City & State
ESTERO, FL *ESTERO, FL*
 Zip Country Zip Country
33928-6297 USA *33928-6297 USA*

4. FEI Number Applied For
03-0441839 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MEILUTIENE, INGRIDA S
8765 FAWN RIDGE DRIVE
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
21851 Rainbow Lake Court
 City *ESTERO, FL* Zip Code *33928-6297*

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 _____

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		<input type="checkbox"/> Delete
TITLE VP	MEILUTIS, LINAS	<input type="checkbox"/> Delete
STREET ADDRESS	8765 FAWN RIDGE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE P	MEILUTIENE, INGRIDA S	<input type="checkbox"/> Delete
STREET ADDRESS	8765 FAWN RIDGE DRIVE	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE VP	Meilutis, Linas	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	21851 Rainbow Lake Court		
CITY-ST-ZIP	ESTERO, FL 33928-6297		
TITLE P	meilutiene, Ingrida S.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	21851 Rainbow Lake Court		
CITY-ST-ZIP	ESTERO, FL 33928-6297		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ *[Signature]* Date *04-24-06* Daytime Phone # _____