


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P03000051412
 1. Entity Name
LAUREN ANDERSON ENTERTAINMENT, INC.



Principal Place of Business
**500 NW 60TH ST - SUITE A
 GAINESVILLE, FL 32607**

Mailing Address
**500 NW 60TH ST - SUITE A
 GAINESVILLE, FL 32607**



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0356549	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

**ANDERSON, BEVERLY A
 5931 N.W. 97TH STREET
 GAINESVILLE, FL 32653**

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 re-registering) 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, LAUREN L 5931 N.W. 97TH STREET GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, BEVERLY 5931 N.W. 97TH STREET GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDERSON, LAUREN 5931 N.W. 97TH STREET GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ANDERSON, KELLEY 5931 N.W. 97TH STREET GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/11/06-80064-011 150.00

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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 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: *Beverly Anderson* **BEVERLY ANDERSON** 4/23/06 352-331-9693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayTime Phone #