

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049401

Entity Name: LACOR CORPORATION

FILED
Feb 16, 2006
Secretary of State

Current Principal Place of Business:

1633 E. VINE STREET
SUITE 212
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

1633 E. VINE STREET
SUITE 212
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTIN, LAURA C MRS
1633 E. VINE STREET
KISSIMMEE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COTTIN, HECTOR A
Address: 1633E VINE STREET SUITE 212
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: SOSA DE COTTIN, LAURA C
Address: 1633E VINE STREET SUITE 212
City-St-Zip: KISSIMMEE, FL 34744 US

Title: D () Delete
Name: COTTIN, IRENE
Address: 1633E VINE STREET SUITE 212
City-St-Zip: KISSIMMEE, FL 34744 US

Title: D () Delete
Name: COTTIN, MARIELA
Address: 1633E VINE STREET SUITE 212
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRENE COTTIN

MS

02/16/2006

Electronic Signature of Signing Officer or Director

Date