2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 04, 2006 8:00 am
Secretary of State
04-17-2006 90357 040 ***158.75

DOCUMENT # P05000157363

1. Entity Name
LAING HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
4100 N. POWERLINE ROAD SUITE U4 POMPANO BEACH, FL 33073	4100 N. POWERLINE ROAD SUITE U4 POMPANO BEACH, FL 33073

2. Principal Place of Business	3. Mailing Address
20283 State Road 7	20283 State Road 7
Suite, Apt. #, etc. Suite 219	Suite, Apt. #, etc. Suite 219
City & State Boca Raton Florida	City & State Boca Raton Florida
Zip 33498 Country USA	Zip 33498 Country USA

6601443

04122006 Chg-P CR2E034 (11/05)

4. FEI Number 20-4784241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAING, MICHAEL
4100 N. POWERLINE ROAD
SUITE U4
POMPANO BEACH, FL 33073

7. Name and Address of New Registered Agent

Name Michael Laing
Street Address (P.O. Box Number is Not Acceptable) 20283 State Road 7
Suite 219
City Boca Raton FL Zip Code 33498

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR LAING, MICHAEL P 305 TRIESTE DR PALM BEACH GARDENS, FL 33418	☐ Delete	Director Michael Laing 305 Trieste Dr Palm Beach Gardens FL 33418	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAING, MICHAEL P 4100 N. POWERLINE ROAD SUITE U4 POMPANO BEACH, FL 33073	☐ Delete	President Michael Laing P. 20283 State Road 7 Suite 219 Boca Raton FL 33498	☑ 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: _____ 5/1/12/06 561-483-1364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3949