


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000087239  
 1. Entity Name  
 LAUREN KYLE HOLDINGS, INC.



Principal Place of Business      Mailing Address  
 13501 LAKE LUNTZ DR      13501 LAKE LUNTZ DR  
 WINTER GARDEN, FL 34787 US      WINTER GARDEN, FL 34787 US

**DO NOT WRITE IN THIS SPACE**



04242008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3474583      Not Applicable

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

6. Name and Address of Current Registered Agent  
 TARR, SCOTT  
 13501 LAKE LUNTZ DR  
 WINTER GARDEN, FL 34787

**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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

U00000938257  
 05/27/08-80084-001 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TARR, SCOTT
STREET ADDRESS	13501 LAKE LUNTZ DR
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	PTD
NAME	TARR, SCOTT R
STREET ADDRESS	13501 LAKE LUNTZ DR
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VPSD
NAME	TARR, SUZANNE M
STREET ADDRESS	13501 LAKE LUNTZ DR
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Suzanne M. Tarr      SUZANNE M TARR      4/29/08      (407)467-3646  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #