

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



04242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3474583 Applied For
 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

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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, 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	

DO NOT WRITE IN THIS SPACE

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 #