


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90042 043 \*\*\*158.75

<b>DOCUMENT #630120</b>					
1. Entity Name <b>LAUREATE IMPORTS COMPANY</b>					
Principal Place of Business <b>3590 CHEROKEE STREET 101A KENNESAW, GA 30144 US</b>			Mailing Address <b>3590 CHEROKEE STREET 101A KENNESAW, GA 30144 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1918862</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DR STE 4</b> <b>WESTON, FL 33331</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>RD</b>	<input type="checkbox"/> Delete	TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENGGOV, MATEVZ</b>		NAME	<b>20BEC, JANEZ</b>	
STREET ADDRESS	<b>1000 LJUBLJANA</b>		STREET ADDRESS	<b>TRZASKA CESTA 132</b>	
CITY-ST-ZIP	<b>FRANKOPANSKA II, SL</b>		CITY-ST-ZIP	<b>1000 LJUBLJANA, SLOVENIA</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete	TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUGINA, LIJANA</b>		NAME	<b>ANDREJ VALENTINCIC</b>	
STREET ADDRESS	<b>1000 LJUBLJANA</b>		STREET ADDRESS	<b>TRZASKA CESTA 132</b>	
CITY-ST-ZIP	<b>FRANKOPANSKA II, SL</b>		CITY-ST-ZIP	<b>1000 LJUBLJANA, SLOVENIA</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHERMERHORN, JOHN</b>		NAME		
STREET ADDRESS	<b>10335 OLD PRINCESS ANNE RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PRINCESS ANNE, MD</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, NELDA N</b>		NAME		
STREET ADDRESS	<b>5755 JACOBS ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ACWORTH, GA 30102</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Nelda M. Adams</i>			03/14/06 7704271010		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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