2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 630120

ADAMS, NELDA M

5755 JACOBS ROAD

ACWORTH, GA 30102

Name:

Address:

City-St-Zip:

Entity Name: LAUREATE IMPORTS COMPANY

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3590 CHEROKEE STREET **STE 101A** KENNESAW, GA 30144 **New Mailing Address: Current Mailing Address:** 3590 CHEROKEE STREET **STE 101A** KENNESAW, GA 30144 US FEI Number: 59-1918862 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 1203 GOVERNORS SQUARE BLVD TALLAHASSEE, FL 323012960 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition JANEZ, ZOBEC Name: Name: TRZAGKA CESTA 13Z Address: Address: City-St-Zip: LJUBLJANA, SLOVENIA, 1000 City-St-Zip: Title: ٧S Title: () Delete () Change () Addition VALENTINCIC, ANDREJ Name: Name: TRAZASKA CEST 13Z Address: Address: LJUBLJANA, SLOVENIA, 1000 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete VΡ SCHERMERHORN, JOHN SCHERMERHORN, JOHN Name: Name: 10335 OLD PRINCESS ANNE RD 10335 OLD PRINCESS ANNE RD Address: Address: City-St-Zip: PRINCESS ANNE, MD City-St-Zip: PRINCESS ANNE, MD 21853 US Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

ADAMS, NELDA M

5755 JACOBS ROAD

ACWORTH, GA 30102 US

SIGNATURE: NELDA M. ADAMS MS 01/14/2009