

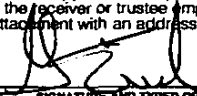


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90009 042 \*\*\*150.00

<b>DOCUMENT # 315799</b>					
1. Entity Name <b>BONNIE LASS INC</b>					
Principal Place of Business <b>1100 SHRIMPBOAT LANE FORT MYERS BEACH, FL 33931</b>			Mailing Address <b>110 SHRIMP BOAT LN FORT MYERS BEACH, FL 33931</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1100 SHRIMP BOAT LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02072008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number <b>59-1196496</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ERICKSON, GRANT C 1100 SHRIMPBOAT LN. FORT MYERS BEACH, FL 33931</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 the registered agent.					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>2/1/08</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	PD ERICKSON, CARL C 1620 MARLYN RD FT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANT, C. ERICKSON 1216 ALHAMBRA DRIVE FORT MYERS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Grant Erickson		Date: <b>2/1/08</b> Daytime Phone #: <b>839-463-4050</b>	