


FILED
Apr 24, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 468576
 1. Entity Name
POMPANO LANES, INC.



Principal Place of Business Mailing Address
C/O GARY CHAIKEN **C/O GARY CHAIKEN**
2200 NORTH FEDERAL HIGHWAY **2200 NORTH FEDERAL HIGHWAY**
POMPANO BEACH, FL 33062 **POMPANO BEACH, FL 33062**

DO NOT WRITE IN THIS SPACE



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1574558 Not Applicable

5. Certificate of Status Desired \$3.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CHAIKEN, LAURA
2200 NORTH FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CHAIKEN, GARY
STREET ADDRESS	4020 NE 27 AVE.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	PDST
NAME	CHAIKEN, LAURA
STREET ADDRESS	4020 NE 27 AVE.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 IN THIS SPACE**

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 05/04/06-80006-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 Laura Chaiken LAURA CHAIKEN 4-20-06 54941-0968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *