2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 523876 1. Entity Name LOREALE'S LOOMPIA HOUSE, INC. Principal Place of Business Mailing Address 221 NEW WARRINGTON RD 221 NEW WARRINGTON RD PENSACOLA FL 32506 PENSACOLA FL 32506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-1733760 Not Applicat Ζìρ Country Zno Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name LEGASPI, ROLANDO C 223 NORTH NEW WARRINGTON ROAD Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32506 City Zip Code 8. The above named entry 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 Signature, typen or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remistalizing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May € After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. BILE Delete BILE ☐ Change ☐ Marx NAME LEGASPI, ROLANDO C MAME STREET ADDRESS STREET ADDRESS 223 NEW WARRINGTON RD. CITY-ST-ZIP City-SI-ZiP PENSACOLA FL TITLE ☐ Change ☐ A-----☐ Defete HILL LEGASPI, CECELIA J MAME NAME 223 NEW WARRINGTON RD. STREET AUDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP Change TR Addition TITLE ☐ Delete 1433 F MAMÈ NAME STREET ADDRESS STREET ADDRESS CITY - ST - 279 CITY - ST - 219 □ Delete ☐ Change T Adam Tille TUTTE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C474-51-12 ☐ Dolete TITLE Change MANE NAME STREET ACCRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIF THILE ☐ Delete HTLE Change Additio STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SJ-71P

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Feb 01, 2006 08:00 AM

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 fixe empowered.

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