

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90401 015 \*\*\*\*61.25

<b>DOCUMENT # 743240</b>					
<b>1. Entity Name</b> L.A.C.E., INC.					
<b>Principal Place of Business</b> 2584 46 TERRACE NORTH ST. PETERSBURG, FL 33714			<b>Mailing Address</b> 2584 46 TERRACE NORTH ST. PETERSBURG, FL 33714		
<b>2. Principal Place of Business</b> 4403 80th ST N Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4403 80th ST N Suite, Apt. #, etc.			
City & State ST Petersburg FL		City & State ST Petersburg FL		04192006    Chg-NP    CR2E037 (11/05)	
Zip 33709		Country USA		<b>4. FEI Number</b> NOT APPLICABLE	
Zip 33709		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BETTY PERRY 2584 - 46 TERRACE NORTH ST. PETERSBURG, FL 33714			<b>7. Name and Address of New Registered Agent</b> Name <u>Joanne N Duncan</u> Street Address (P.O. Box Number is Not Acceptable) <u>4403 80th STN</u> City <u>ST Petersburg</u> <b>FL</b> Zip Code <u>33709</u>		
<b>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.</b>					
SIGNATURE <u>Joanne N Duncan</u> <u>4/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, DIANE 6443 41ST AVE. N ST PETERSBURG, FL 00000.	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Vickie L Griffiths 1015 E Hermosa Ave Bartow FL 33830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNCAN, JOANNE 4403 80TH ST. N. ST. PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Melissa Folks 6416 109th Terr. N. Pinellas Park, FL 33782	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, JEAN 621-60TH AVE. S. ST. PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Holly Thuanh 1158 Cepha Street Lake Wales, FL 33853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERRY, BETTY 2584 - 46 TERR., N. ST. PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joanne N Duncan 4403 80th ST N ST Petersburg FL 33709	<input checked="" 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
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
<b>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 617, 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>					
<b>SIGNATURE:</b> <u>Joanne N Duncan</u> <u>Joanne N Duncan</u> <u>4/19/06</u> <u>727-544-0460</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					