
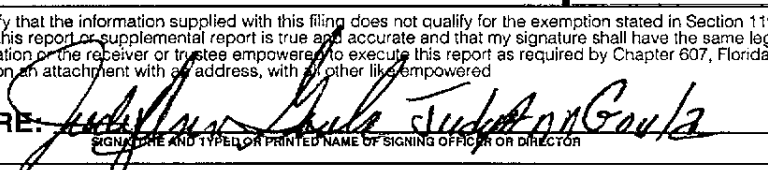


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 855658 1. Entity Name LUZERNE PRODUCTS INC.		
Principal Place of Business SUITE 100, 180 COURTRIGHT ST. WILKES-BARRE, PA 18702-8802	Mailing Address SUITE 100, 180 COURTRIGHT ST. WILKES-BARRE, PA 18702-8802	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> 01252005 No Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 4. FEI Number 23-1681141 </div> <div style="border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 2px;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent BELL, JAMES E. P.O. BOX 374 BRIDGE RD. HOBE SOUND, FL 33455		<h2>DO NOT WRITE IN THIS SPACE</h2>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JAMES E. 166 S. BEACH RD. HOBE SOUND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOULA, JUDYANN 708 SPRING ST AVOCA, PA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JAMES E., III 5402 KENNET PIKE GREENVILLE, DE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, CONSTANCE L. 166 S. BEACH RD. HOBE SOUND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLUGER, ALLAN M. 46 E. WALNUT ST. KINGSTON, PA	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, STUART M. 225 COON RD. WYOMING, PA	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <div style="float: right;"> 02/24/05 (570) 875-6681 </div>		