


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000002407  
1. Entity Name  
LUIHN FOUR, INC.



Principal Place of Business      Mailing Address  
3712 BENSON DRIVE      3712 BENSON DRIVE  
RALEIGH, NC 27609      RALEIGH, NC 27609

**DO NOT WRITE IN THIS SPACE**



08162005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
56-1785791      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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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 reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUIHN, CYNTHIA 108 RICHLIEU CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUIHN, JAMES S 109 PERTH CT CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUIHN-ARGAY, SANDRA 101 RUTHER GLEN DRIVE CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUIHN, S ALLAN 200-A EDINBURG DRIVE CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUIHN, ALLAN J 303 QUEENSFERRY RD CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUIHN, DONNA M 200-A EDINBURGH DRIVE CARY, NC 27511

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IN THIS SPACE**

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08/23/05-80001-026 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: S. Allan Luihn      Date: 8-19-05      Daytime Phone #: 919-850-0558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR