

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # F02000003700</b> 1. Entity Name <b>LAUREN'S LIGHT, INC.</b>					
Principal Place of Business <b>33 INNESS RD. TENAFLY, NJ 07670</b>			Mailing Address <b>33 INNESS RD. TENAFLY, NJ 07670</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>38-3662090</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FEINSWOG, BEN 3 GROVE ISLE DR STE 503 COCONUT GROVE, FL 33133</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <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 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC MILLIN, ANTHONY 33 INNESS RD. TENAFLY, NJ 07670 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEINSWOG, BEN 3 GROVE ISLE DR., STE. 503 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FEINSWOG, MALVINA 3 GROVE ISLE DR., STE. 503 COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIN, HENRY 595 ASHWOOD RD. SPRINGFIELD, NJ 07081 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLIN, MONICA 595 ASHWOOD RD. SPRINGFIELD, NJ 07081 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
U00000350522 05/02/05-80107-025 61.25					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 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>SIGNATURE:</b> <b>PRESIDENT</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<b>BEN FEINSWOG, PRES.</b>					
Date: <b>4/10/05</b> Daytime Phone #: <b>305-285-2239</b>					