2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # F02000003700 1. Entity Name LAUREN'S LIGHT, INC.					05-02-2007 90107 012 ****61.25				
Principal Place of Business 3 GROVE ISLE DR. SUITE 503 COCONUT GROVE, FL 33133 2 Principal Place of Business - No P.O. Box #		Mailing Address 3 GROVE ISLE DR. SUITE 503 COCONUT GROVE, FL 33133							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	Chg-NP		37 (12/06)	Mes er me.
City & State		City & State			4. FEI Number 38-36620	090		<u> </u>	plied For
Zip	Country	Zip Country		intry	5. Certificate of			\$8.75 Add Fee Required	litional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered /	Agent	
				Name					
	G, BEN ISLE DR STE 503 GROVE, FL 33133	Street Ad		Street Address	ss (P.O. Box Number is Not Acceptable)				
	named entity submits this statement fo			City			FL	-	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature) Filling Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution.					ed when reinstating)		DATE		
	- ·				\$5.00 May Be	I	Make checi	k payable to	
	Due by May 1, 2007	Trust Fund C	Contributi	ion. 🗆	Added to Fees	Flo	Make checi rida Depar	tment of St	tate
10.	Due by May 1, 2007 OFFICERS AND DIF	Trust Fund C	Ontributi 11.	ion.		Flo	Make checi rida Depar	tment of St	tate
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007	Trust Fund C	11. IIILE NAMI	ion. D E FEI OTT ADDRESS 3 G	Added to Fees ADDITIONS/CHAP NSWOG S	NGES TO OFFICE	Make check rida Depar ERS AND DII	tment of St	tate
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIF D MILLIN, ANTHONY 71 HOWARD PARK DRIVE TENAFLY, NJ 07670 CCEO FEINSWOG, BEN 3 GROVE ISLE DR., STE. 503	Trust Fund C	11. ITILE NAMI STREI CITY TITLE NAMI STREE CITY NAMI STREE NAMI STREE	E FEI ADDRESS 3 G FEI COC SE E ADDRESS LA LA ET ADDRESS 3 O G	Added to Fees ADDITIONS/CHAP NSWOG, S CONUT GRI NSWOG, I O S. WASH	FIGURES TO OFFICE COTT DR, STE OVE, FL3 DAVID HINGTONS II 4893: J, GINA TREET, #	Make check rida Depar ERS AND DII 5703 33133 40., #6	tment of St RECTORS IN	tate 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIF D MILLIN, ANTHONY 71 HOWARD PARK DRIVE TENAFLY, NJ 07670 CCEO FEINSWOG, BEN 3 GROVE ISLE DR., STE. 503 COCONUT GROVE, FL 33133 DS FEINSWOG, MALVINA 3 GROVE ISLE DR., STE. 503	Trust Fund C	11. TITLE NAMI STREI CITY TITLE NAMI STREE	E E FEI ADDRESS ACCOOL E E FEI ADDRESS ACCOOL E E ADDRESS ACCOOL E E FEI ADDRESS ACCOOL E E FIN E FIN E STADE	Added to Fees ADDITIONS/CHAI NSWOG, S ROVE ISLE CONUT GRI NSWOG I O S.WASH NSING, M IKELSTEIN O E. 75!!!S	FIGURES TO OFFICE COTT DR, STE OVE, FL3 DAVID HINGTONS II 4893: J, GINA TREET, #	Make check rida Depar ERS AND DII 5703 33133 40., #6	trinent of St RECTORS IN Change Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIE D MILLIN, ANTHONY 71 HOWARD PARK DRIVE TENAFLY, NJ 07670 CCEO FEINSWOG, BEN 3 GROVE ISLE DR., STE. 503 COCONUT GROVE, FL 33133 DS FEINSWOG, MALVINA 3 GROVE ISLE DR., STE. 503 COCONUT GROVE, FL 33133 D MILLIN, HENRY 595 ASHWOOD RD.	Trust Fund C	TITLE NAMI STREE CITY TITLE NAMI STREE	E E FEI ADDRESS ACION DE E E E ADDRESS ACION DE E E E ADDRESS ACION DE E E E E E E E E E E E E E E E E E E	Added to Fees ADDITIONS/CHAI NSWOG, S ROVE ISLE CONUT GRI NSWOG I O S.WASH NSING, M IKELSTEIN O E. 75!!!S	FIGURES TO OFFICE COTT DR, STE OVE, FL3 DAVID HINGTONS II 4893: J, GINA TREET, #	Make check rida Depar ERS AND DII 5703 33133 40., #6	trinent of St RECTORS IN Change Change	Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF S BEN FEINSWOG-

305-285-1202