

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004867

FILED
Apr 19, 2004
Secretary of State

Entity Name: NEIGHBORHOODLANE, INC.

Current Principal Place of Business:

85 ARGONAUT, SUITE 180
ALISO VIEJO, CA 92656

New Principal Place of Business:

85 ARGONAUT
SUITE 180
ALISO VIEJO, CA 92656

Current Mailing Address:

85 ARGONAUT, SUITE 180
ALISO VIEJO, CA 92656

New Mailing Address:

85 ARGONAUT
SUITE 180
ALISO VIEJO, CA 92656

FEI Number: 33-0937162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MICHAEL JEAN-CLAUDE, LEFEVRE
Address: 85 ARGONAUT, SUITE 180
City-St-Zip: ALISO VIEJO, CA 92656

Title: VST () Delete
Name: DAVID HERBERT HOPSON,
Address: 85 ARGONAUT, SUITE 180
City-St-Zip: ALISO VIEJO, CA 92656

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DAVID HERBERT HOPSON,
Address: 85 ARGONAUT, SUITE 180
City-St-Zip: ALISO VIEJO, CA 92656

Title: ST () Change (X) Addition
Name: COREY, NANCY A
Address: 85 ARGONAUT, SUITE 180
City-St-Zip: ALISO VIEJO, CA 92656

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JEAN-CLAUDE LEFEVRE

P

04/19/2004

Electronic Signature of Signing Officer or Director

Date