


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90026 030 \*\*\*150.00

<b>DOCUMENT # F05000004360</b>	
1. Entity Name <b>LUCTOR INTERNATIONAL CORPORATION</b>	

**60007095**



Principal Place of Business <b>9635A GATEWAY DR. RENO, NV 89521</b>	Mailing Address <b>9635A GATEWAY DR. RENO, NV 89521</b>
2. Principal Place of Business <b>6520 Pinecastle Blvd.</b>	3. Mailing Address <b>6520 Pinecastle Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072006 Chg-P CR2E034 (11/05)

City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>	4. FEI Number <b>94-2720262</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32809-6681</b>	Country <b>USA</b>	Zip <b>32809-6681</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name <b>David H van de Velde</b> Street Address (P.O. Box Number is Not Acceptable) <b>6520 Pinecastle Blvd.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32809-6681</b>	
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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 David H van de Velde, President *David H van de Velde* 1/10/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST VAN DE VELDE, DAVID 9635A GATEWAY DR. RENO, NV 89521 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David H Van de Velde 6520 Pinecastle Blvd. Orlando FL 32809-6681 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: David H van de Velde, President *David H van de Velde* 407-812-8571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1-17-06 Daytime Phone # 8am