

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006059

FILED
Mar 17, 2009
Secretary of State

Entity Name: LAC ACQUISITIONS CORP.

Current Principal Place of Business:

1288 ABBE RD., SUITE B
ELYRIA, OH 44035

New Principal Place of Business:

Current Mailing Address:

1288 ABBE RD., SUITE B
ELYRIA, OH 44035

New Mailing Address:

FEI Number: 14-1932150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM, ARTHUR J
3583 RUBY AVENUE
ST. JAMES CITY, FL 33956 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: PRES () Delete
Name: ABRAHAM, ARTHUR J
Address: 3583 RUBY AVENUE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: VP () Delete
Name: ABRAHAM, NICK
Address: 1288 ABBE ROAD, STE B
City-St-Zip: ELYRIA, OH 44035

Title: SEC () Delete
Name: ABRAHAM, ARTHUR J
Address: 3583 RUBY AVENUE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: TREA () Delete
Name: ABRAHAM, NICK
Address: 1288 ABBE ROAD, STE B
City-St-Zip: ELYRIA, OH 44035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NICHOLAS ABRAHAM

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date