


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F76580 1. Entity Name LA MAISON INTERNATIONAL, INC.	
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FILED
Aug 04, 2008 08:00 AM
Secretary of State

Principal Place of Business 2710 5TH COURT 67A PALM HARBOR, FL 34684 US	Mailing Address 29750 U.S. HWY 19 N 101 CLEARWATER, FL 33761 US
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07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2611801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DARWIN, BRUNI M.
2692 FOUNTAINVIEW CIR
#207
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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 _____

U00000957025
08/04/08-80006-006 150.00
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDEMANN, KLAUS 2710 5TH COURT PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DARWIN, BRUNI 2692 FOUNTAIN VIEW CIR. #207 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Klaus Lindemann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____