

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002843

FILED
Jan 20, 2007
Secretary of State

Entity Name: LA FRANCE CORP.

Current Principal Place of Business:

P. O. BOX 5002
CONCORDVILLE, PA 193315002 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 5002
CONCORDVILLE, PA 193315002 US

New Mailing Address:

FEI Number: 23-1478614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLAHERTY, CHRISTOPHER
4820 MIDDLE AVENUE
SARASOTA, FL 34234 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: VC () Delete
Name: TETI, JOHN J
Address: P. O. BOX 5002
City-St-Zip: CONCORDVILLE, PA 193315002 US

Title: P () Delete
Name: BARRAR, GEORGE
Address: P. O. BOX 5002
City-St-Zip: CONCORDVILLE, PA 193315002 US

Title: S () Delete
Name: HELBEIN, JERROLD
Address: P. O. BOX 5002
City-St-Zip: CONCORDVILLE, PA 193315002 US

Title: CFO () Delete
Name: PAWLOSKI, KENNETH
Address: P. O. BOX 5002
City-St-Zip: CONCORDVILLE, PA 193315002 US

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 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: PETER A FLAMINI JR

CONT

01/20/2007

Electronic Signature of Signing Officer or Director

_____ Date