

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H44812

Entity Name: LASER BLADES, INC.

FILED
Sep 07, 2007
Secretary of State

Current Principal Place of Business:

THOMAS P. JOHANNING
1735 APEX ROAD
SARASOTA, FL 34240

Current Mailing Address:

THOMAS P. JOHANNING
1735 APEX ROAD
SARASOTA, FL 34240

New Principal Place of Business:

THOMAS M. JOHANNING
2438 ICECAPADE DRIVE
SARASOTA, FL 34240

New Mailing Address:

THOMAS M. JOHANNING
1735 APEX ROAD
SARASOTA, FL 34240

FEI Number: 59-2523817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHANNING, THOMAS P.
1735 APEX ROAD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

JOHANNING, THOMAS M.
2438 ICECAPADE DRIVE
SARASOTA, FL 34240 US

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: THOMAS M. JOHANNING

09/07/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHANNING, THOMAS P.,
Address: 6407 JACKIE LYNN CT.
City-St-Zip: SARASOTA, FL 34241

Title: VD () Delete
Name: JOHANNING, THOMAS P
Address: 6407 JACKIE LYNN CT
City-St-Zip: SARASOTA, FL 34241

Title: S () Delete
Name: DAVENPORT, JACQUELINE C
Address: 1220 FRASER PINE BLVD
City-St-Zip: SARASOTA, FL 34240

Title: T () Delete
Name: JOHANNING, THOMAS M
Address: 2438 ICE CAPADE DR.
City-St-Zip: SARASOTA, FL 34240

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHANNING, THOMAS M.,
Address: 2438 ICECAPADE DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: VD (X) Change () Addition
Name: JOHANNING, STACEY L
Address: 2438 ICECAPADE DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: S (X) Change () Addition
Name: JOHANNING, THOMAS M
Address: 2438 ICECAPADE DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: T (X) Change () Addition
Name: JOHANNING, STACEY L
Address: 2438 ICE CAPADE DR.
City-St-Zip: SARASOTA, FL 34240

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: THOMAS M. JOHANNING

PD

09/07/2007

Electronic Signature of Signing Officer or Director

Date