2005 FOR PROFIT CORPORATION _ ANNUAL REPORT

FILED Jan 31, 2005 08:00 AM Secretary of State

DOCUMENT # H72929 1. Entity Name LANSAK, INC.		
Principal Place of Business	Mailing Address	
2375 NE 30TH CT LIGHTHOUSE POINT, FL 33064 US	2375 NE 30TH CT LIGHTHOUSE POINT, FL 33064	US
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LANSAK	, INC.								
2375 NE 30	e of Business TH CT F POINT, FL 33064 US	Mailing Address 2375 NE 30TH CT LIGHTHOUSE POINT, FL 3306	4 US		II INGIN HOID PRINCULTUR PRI		IGEA BURGO BURGORBAN AN ARRES		
DO NOT WRITE IN THIS SPACE			01292005 4. FEI Numb 59-256	01292005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2564985 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LANSBURGH, MORRIS 2375 NE 30TH CT				DO	NOT W	RITE			
LIGHTHO	USE POINT, FL 33064			IN T	THIS SP	ACE			
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.	Signature, typed or printed name of registered agent and	litie if applicable (NOTE, Registered	d Agent algorature req	quired when reinstalling)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees					
TITLE	OFFICERS AND DI	RECTORS			U000002	205781			
NAME STREET ADDRESS ' CITY-ST-ZP	LANSBURGH, CHERYL 2375 NE 30TH CT LIGHTHOUSE POINT, FL 33064	-			01/31/05-8	30058-01	9 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANSBURGH, MORRIS 2375 NE 30TH CT LIGHTHOUSE POINT, FL 33064								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SP	ACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12 herchy o	ertify that the information supplied with thi	s filing does not qualify for the even	potion eteted in	Section 119 07/21/	i) Florida Statutos 1	6 uthor comif.	het the information		

Thereby certify that the information stated in Section 119.0/[3](i), 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 recorder or trusted 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 attact fright with an address, with all other like empowered.

SIGNATURE: //