## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K49055

FILED Feb 01, 2006 Secretary of State

Entity Name: PARK LAKE FRENCH TELEVISION INC.

Current Principal Place of Business:			siness:	New Principal Pla	New Principal Place of Business:	
	GHTHOUSE CT KE PARK, FL 3					
Current Mailing Address:				New Mailing Address:		
	SHTHOUSE CT KE PARK, FL 3					
FEI Number	: 65-0238708	FEI No	umber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent	Registered Agent:	Name and Addres	ss of New Registered Agent:	
111 W LIG PEMBROI	BENOIT, RINA BHTHOUSE CT KE PARK, FL (	33009	US			
	e named entity s e of Florida.	submits	this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATU	RE:					
				ant	Doto	
	Electron	iic Signa	ature of Registered Ag	allr	Date	
Election Ca		-	ature of Registered Agr und Contribution ( ).	ant	Date	
		g Trust F	-		NGES TO OFFICERS AND DIRECTOR:	
OFFICER Title: Name: Address:	mpaign Financing	TORS: Delete PHILIP IRCLE	und Contribution ( ).			
	S AND DIREC  DT ()  LEVASSEUR, F  120 MARINE C  PEMBROKE PA	Trust F TORS: Delete PHILIP IRCLE ARK, FL Delete	fund Contribution ( ).	ADDITIONS/CHAI Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	DT () LEVASSEUR, F 120 MARINE CI PEMBROKE PA  DV () NOEL, LEO 317 LAKE SHO PEMBROKE PA	TORS: Delete HILIP RCLE ARK, FL Delete RE DR ARK, FL Delete MARTEL, HTHOUS	Sund Contribution ( ).  33009  E COURT	ADDITIONS/CHAITITIE: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR:  ( ) Change ( ) Addition	
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	DY () NOEL, LEO BENOIT, RINAI 111 WEST LIG	Trust F TORS: Delete PHILIP RCLE ARK, FL Delete MARTEL, HTHOUSI ARK, FL Delete E D Delete E D	and Contribution ( ).  33009  E COURT 33009	ADDITIONS/CHAI  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	NGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

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: PHILIP LEVASSEUR T 02/01/2006