2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 08:00 AN **DOCUMENT # K85792** Secretary of State 1. Entity Name LAURIN STABLES, INC. Principal Place of Business Mailing Address % ROGER LAURIN % ROGER LAURIN 117 BAL BAY DR 117 BAL BAY DR BAL HARBOR, FL 33154 BAL HARBOR, FL 33154 No Chg-P CR2E034 (11/05) 03072008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-2974181 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAURIN, ROGER DO NOT WRITE 117 BAY BAL DR BAL HARBOR, FL 33154 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. d agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE !\$ \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LAURIN, ROGER STREET ADDRESS 117 BAL BAY DR CITY-ST-ZIP BAL HARBOR, FL U00000857799 04/01/08-80019-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

etoki. Her

NAME -1

STREET ADDRESS -CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR