2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# L04000046683

Entity Name: LAWLER INTERNATIONAL CONSULTING, LLC

Current Principal Place of Business:

2100 WEST BEACH DR.
VILLA 202
PANAMA CITY, FL 32401

New Principal Place of Business:

92-1271 HUNEKAI STREET
KAPOLEI, HI 96707 US

Current Mailing Address:

2100 WEST BEACH DR.
VILLA 202
PANAMA CITY, FL 32401

New Mailing Address:

92-1271 HUNEKAI STREET
KAPOLEI, HI 96707

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WELCH, STEVEN T
6 E. 4TH ST.
PANAMA CITY, FL 32401 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: LAWLER, MICHAEL L
Address: 2100 WEST BEACH DR., VILLA 202
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM ( ) Delete
Name: LAWLER, DIANE B
Address: 2100 WEST BEACH DR., VILLA 202
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LAWLER, MICHAEL L
Address: 92-1271 HUNEKAI STREET
City-St-Zip: KAPOLEI, HI 96707

Title: MGRM (X) Change ( ) Addition
Name: LAWLER, DIANE B
Address: 92-1271 HUNEKAI STREET
City-St-Zip: KAPOLEI, HI 96707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL L. LAWLER MGRM 01/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date