2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43930

Entity Name: LATOUR ENTERPRIZES, INC.

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 538 WEST STREET DAYTONA BEACH, FL 32114 LIS **Current Mailing Address: New Mailing Address:** 538 WEST ST DAYTONA BCH, FL 32114 US FEI Number: 59-2990430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WIGGINS, BILLY E 538 WEST STREET DAYTONA BEACH, FL 32114 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WIGGINS, BILLY E, Name: Name: 6222 SANTA MONICA DR Address: Address: City-St-Zip: PORT ORANGE, FL City-St-Zip: Title: STD Title: () Delete (X) Change () Addition Name: MCELROY, II W Name: MCELROY, WILLIAM D II 827 FAIRWAY DRIVE 827 FAIRWAY DRIVE Address: Address: NEW SMYRNA BEACH, FL 32168 NEW SMYRNA BEACH, FL 32168 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition VD. () Delete VD. WIGGINS, JR B WIGGINS, BILLY E JR Name: Name: 5470 CARMODY LAKE DR. 5470 CARMODY LAKE DR. Address: Address: City-St-Zip: PORT ORANGE, FL 32128 City-St-Zip: PORT ORANGE, FL 32128 Title: () Delete Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BILLY WIGGINS, SR. PRES 01/17/2006

WIGGINS, JOSEPH P

484 OAKLAND PARK BLVD

PORT ORANGE, FL 32127

Name: Address:

City-St-Zip: