2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001843

FILED Feb 05, 2005 Secretary of State

Entity Name: JOSEPH LAURORE FOUNDATION, INC.

Jurrent F	Principal Place	e of Business:	New Principal Place	e of Business:	
	TH DIXIE HIGH				
SUITE 10					
Current Mailing Address:			New Mailing Addres	ss:	
	-		.		
SUITE 10:					
	ALM BEACH, F			D 115 1 100 1 D 1 100	
	r: 65-1004008	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
I 124 BRC SUITE F	S, ELSA PARA DADWAY BEACH, FL 33				
The above	•		purpose of changing its register	ed office or registered agent, or bo	
SIGNATU					
SIOINA I U		nic Signature of Registered Ag	gent	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Nddress: Dity-St-Zip:	O (LEGER, PIERI 712 SUNFLOV WESTON, FL	VER CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
ītle: lame: lddress: Dity-St-Zip:	GUIRAND, BEI 3771 MOON B) Delete RNADETTE EX D AY CIRCLE , FL 33414 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
lame: ddress: city-St-Zip: itle: lame: ddress:	GUIRAND, BÈI 3771 MOON B WELLINGTON O (PIERRE, ROG 4390 COLONY	RNADETTE EX D AY CIRCLE , FL 33414 US) Delete ER TREAS	Name: Address:	() Change () Addition () Change () Addition	
lame: \ddress:	GUIRAND, BÈI 3771 MOON B WELLINGTON O (PIERRE, ROG 4390 COLONY BOYNTON BE	RNADETTE EX D AY CIRCLE , FL 33414 US) Delete ER TREAS ' GROVE CT. ACH, FL 33436 US) Delete ENER MD ICE CIRCLE	Name: Address: City-St-Zip: Title: Name: Address:		
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	GUIRAND, BÈI 3771 MOON B WELLINGTON O (PIERRE, ROG 4390 COLONY BOYNTON BE, D (LEBLANC, WII 2473 PROVEN WESTON, FL D (BELANCOURT 6298 HARWIC	RNADETTE EX D AY CIRCLE , FL 33414 US) Delete ER TREAS ' GROVE CT. ACH, FL 33436 US) Delete ENER MD ICE CIRCLE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNADETTE GUIRAND EXD 02/05/2005