

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# N02000003839

Entity Name: LOKI'S HOUSE, INC.

Current Principal Place of Business:

1019 NW 7TH PLACE
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

1019 NW 7TH PLACE
CAPE CORAL, FL 33993

New Mailing Address:

FEI Number: 30-0072230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTE, LORIE A
1019 NW 7TH PLACE
CAPE CORAL, FL 33993 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COTE, LORIE A
Address: 1019 NW 7TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: T () Delete
Name: EMANUELSON, RICHARD A
Address: 1019 NW 7TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: S () Delete
Name: COTE, LORIE A
Address: 1019 NW 7TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: D () Delete
Name: COTE, LORIE
Address: 1019 NW 7TH PLACE
City-St-Zip: CAPE CORAL, FL 33993

Title: D () Delete
Name: ROSEMAN, WILLIAM
Address: 6910 HARBOR LANE
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: COTE, LORIE J
Address: 4964 VINCENNES ST. #106
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: LORIE A. COTE

PRES

02/22/2006

Electronic Signature of Signing Officer or Director

Date