2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2006
Secretary of State

DOCUMENT# N05000001409

Entity Name: TROJAN LACROSSE, INC.

Current Principal Place of Business:

605 NW 109TH TERRACE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

8968 NW 20TH MANOR
CORAL SPRINGS, FL 33071

Current Mailing Address:

605 NW 109TH TERRACE
CORAL SPRINGS, FL 33071

New Mailing Address:

8968 NW 20TH MANOR
CORAL SPRINGS, FL 33071

FEI Number: 20-2336646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUNDBERG, DEBRA
605 NW 109TH TERRACE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

LAMPHERE, LORRAINE
8968 NW 20TH MANOR
CORAL SPRINGS, FL 33071 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: LORRAINE LAMPHERE 03/19/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LUNDBERG, DEBRA E
Address: 605 NW 109TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete
Name: NORTON, CHRISTINE E
Address: 605 NW 109TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete
Name: MANSFIELD, CHINA
Address: 605 NW 109TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LAMPHERE, LORRAINE
Address: 8968 NW 20TH MANOR
City-St-Zip: CORAL SPRINGS, FL 33071

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: LORRAINE LAMPHERE D 03/19/2006
Electronic Signature of Signing Officer or Director Date