2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N05000004318

Entity Name: LA PETITE TROMPETTE DE LA NOUVELLE GENERATION INC.

Current Principal Place of Business:

249 WINDING COVE AVENUE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

249 WINDING COVE AVENUE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 33-1116938 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST. HILAIRE, DAVID
249 WINDING COVE AVENUE
APOPKA, FL 32703 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:	ST. HILAIRE, DAVID	
Address:	249 WINDING COVE AVENUE	
City-St-Zip:	APOPKA, FL 32703	
Title:	S	( ) Delete
Name:	HONORE, ELYSEE	
Address:	6728 W. LAKE BOULEVARD	
City-St-Zip:	ORLANDO, FL 32810	
Title:	D	( ) Delete
Name:	FEDAIME, EMILIEN	
Address:	5457 TIMBERLEAF BOULEVARD	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	(X) Delete
Name:	PREVILUS, JN NICHOLAS	
Address:	6906 COLONY OAK LANE	
City-St-Zip:	ORLANDO, FL 32818	

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:	

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: DAVID ST.HILAIRE P 04/19/2006

Electronic Signature of Signing Officer or Director — Date