

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007218

FILED  
Aug 02, 2006  
Secretary of State

Entity Name: LA REUNION INC.

**Current Principal Place of Business:**

5288 WOODLAKE TRACE  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

5288 WOODLAKE TRACE  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

FEI Number: 74-3185236      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CUSACK, CARMEN M  
5288 WOODLAKE TRACE  
GULF BREEZE, FL 32563 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

**OFFICERS AND DIRECTORS:**

Title: CH ( ) Delete  
Name: CUSACK, CARMEN M  
Address: 5288 WOODLAKE TRACE  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: COCH ( ) Delete  
Name: CUSACK, CHRISTINA  
Address: 5288 WOODLAKE TRACE  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: COCH ( ) Delete  
Name: CUSACK, CASSANDRA  
Address: PO BOX 130  
City-St-Zip: NORTH, VA 23128 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: BM (X) Change ( ) Addition  
Name: NEWBERRY, JOE  
Address: 629 EAST JOHNSON AVE  
City-St-Zip: GULF BREEZE, FL 32514 US

Title: BM (X) Change ( ) Addition  
Name: KATZ, MICHAEL  
Address: 326 COLON AVE  
City-St-Zip: STATEN ISLAND, NY 10308 US

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: CARMEN M. CUSACK

CH

08/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date