

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005722

FILED
Jun 16, 2009
Secretary of State

Entity Name: LASES FOUNDATION INC.

Current Principal Place of Business:

19554 SPRING OAK DR.
EUSTIS, FL 32936

New Principal Place of Business:

34811 ESTES ROAD
EUSTIS, FL 32736

Current Mailing Address:

19554 SPRING OAK DR.
EUSTIS, FL 32936

New Mailing Address:

34811 ESTES ROAD
EUSTIS, FL 32736

FEI Number: 26-3115903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD., STE. A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

KIRLEW-HOLSTON, THERESE A ST
34811 ESTES ROAD
EUSTIS, FL 32736 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: THERESE A KIRLEW- HOLSTON

06/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLSTON, SAMUEL D. SR.
Address: 19554 SPRING OAK DR.
City-St-Zip: EUSTIS, FL 32936

Title: ST () Delete
Name: KIRLEW-HOLSTON, THERESA
Address: 19554 SPRING OAK DR
City-St-Zip: EUSTIS, FL 32936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOLSTON, SAMUEL D. SR.
Address: 34811 ESTES ROAD
City-St-Zip: EUSTIS, FL 32736

Title: ST (X) Change () Addition
Name: KIRLEW-HOLSTON, THERESE
Address: 34811 ESTES
City-St-Zip: EUSTIS, FL 32736

I hereby certify that the information supplied with this filing does not qualify 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: THERESE A KIRLEW- HOLSTON

ST

06/16/2009

Electronic Signature of Signing Officer or Director

Date