2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N96000002250

Entity Name: LAUREL PARK, INC.

Current Principal Place of Business:

517 MADISON CT
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1485
SARASOTA, FL 34236 US

New Mailing Address:

FEI Number: 65-0685371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOWMAN, KATE
517 MADISON CT
SARASOTA, FL 34236 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: D ( ) Delete
Name: LOWMAN, KATE
Address: 517 MADISON CT
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: HAGGLUND, SUZY
Address: 1630 LAUREL ST
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: SUBLETTE, ELIZABETH
Address: 1716 OAK STREET
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: DART, DEB
Address: 542 OHIO PL
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete
Name: JAENSCH, CHRIS
Address: 635 COLUMBIA CT
City-St-Zip: SARASOTA, FL 34236

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:

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: ELIZABETH SUBLETTE TREA 01/13/2009

Electronic Signature of Signing Officer or Director — Date