


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90013 047 ***150.00

DOCUMENT # P00000003641 1. Entity Name LAUFEN INCORPORATED																													
Principal Place of Business 1800 W. HIBISCUS BLVD STE 110 MELBOURNE, FL 32901			Mailing Address 1800 W. HIBISCUS BLVD STE 110 MELBOURNE, FL 32901																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. STE 133 City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. STE 133 City & State Zip Country																											
4. FEI Number 59-3639465			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent JACKSON, JAMES H 1800 W. HIBISCUS BLVD SUITE 110 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STE 133 City FL Zip Code																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JACKSON, JAMES H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>283 PEREGRINE ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIALANTIC, FL 32903</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	JACKSON, JAMES H		STREET ADDRESS	283 PEREGRINE ST		CITY-ST-ZIP	INDIALANTIC, FL 32903		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">Pres</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JACKSON, JAMES H.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1800 W. Hibiscus Blvd, Ste 133</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MELBOURNE, FL 32901</td> <td></td> </tr> </table>			TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JACKSON, JAMES H.		STREET ADDRESS	1800 W. Hibiscus Blvd, Ste 133		CITY-ST-ZIP	MELBOURNE, FL 32901	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.																													
SIGNATURE _____ JAMES H. JACKSON, Pres 4/18/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													