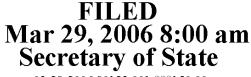
## **2006 FOR PROFIT CORPORATION ANNUAL REPORT** DOCUMENT # P0000007099 DOUGLAS LAUGHERTY, CORP.





Principal Place of Business Mailing Address 50007130 11819 49TH ST. N 11819 49TH ST. N WEST PALM BEACH, FL 33411-9160 WEST PALM BEACH, FL 33411-9160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 65-0975902 Not Applicable Zip Country Country Zio \$8.75 Additional 5. Certificate of Status Desired П Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAUGHERTY, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 11819 49TH ST. N WEST PALM BEACH, FL 33411-Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** Change ☐ Delete TITLE PSTD Addition LAUGHERTY, DOUGLAS LAUGHERTY, DOUGLAS 11819 49TH ST. N. MOYAL PALM BEACH, FL NAME NAME STREET ADDRESS 13573 56TH PLACE NORTH STREET ADDRESS ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-7IP 33411 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality 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.

Laugherty 3-21-06 (581)259