2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033642

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

POMPANO BEACH, FL 33062

() Delete

FILED Apr 05, 2006 Secretary of State

Entity Name: LANGBOY ENTERPRISE INC. **Current Principal Place of Business: New Principal Place of Business:** 2637 E. ATLANTIC BLVD #110 POMPANO BEACH, FL 33062 **Current Mailing Address: New Mailing Address:** 2637 E. ATLANTIC BLVD #110 POMPANO BEACH, FL 33062 FEI Number: 65-0995732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOTT, SYMINGTON T 4340 NE 16TH AVE POMPANO BEACH, FL 33062 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition ALAN, WOOD JOHN, CENTER Name: Name: 2637 E. ATLANTIC BLVD #110 2637 E. ATLANTIC BLVD #110 Address: Address: City-St-Zip: POMPANO BEACH, FL 33062 City-St-Zip: POMPANO BEACH, FL 33062 Title: Title: () Delete (X) Change () Addition SCOTT, SYMINGTON Name: Name: SCOTT, SYMINGTON 4340 NE 16TH AVE 2637 E. ATLANTIC BLVD #110 Address: Address: POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 City-St-Zip: City-St-Zip: Title: () Delete Title: VΡ (X) Change () Addition JOHN, CENTER ALAN, WOOD Name: Name: 2637 E. ATLANTIC BLVD #110 2637 E. ATLANTIC BLVD #110 Address: Address:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

POMPANO BEACH, FL 33062

2637 E. ATLANTIC BLVD #110

POMPANO BEACH, FL 33062

KELLY, L KOPFMAN

() Change (X) Addition

SIGNATURE: SCOTT SYMINGTON T 04/05/2006