## ,2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000042160**

1. Entity Name

JAMES LALA SHOW STABLE, INC.



FILED
Jan 12, 2006 08:00 AM
Secretary of State

Principal Place of Business

11924 FOREST HILL BLVD., STE. 22

PMB 299

SIGNATURE.

WELLINGTON, FL 33414

Mailing Address

11924 FOREST HILL BLVD., STE. 22

PMB 299

WELLINGTON, FL 33414



00	NOT	WRITE	IN THIS	SDACE	01072006	No Chg-P	
				IMO	STACE	4. FEI Number	
						] GE 40466	270

 FEI Number
 Applied For

 65-1016070
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

Signature, lyped or protect name of registered agent and title if applicable

DUFRESNE, DONALD P ESQ. ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401

## DO NOT WRITE IN THIS SPACE

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.	l am familiar v	vith, and accept
the obligations of registered agent			

(NOTE\_Registered Agent signature required when reinstaling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000383273 01/12/06-80047-005 150.00

[	10.	OFFICERS AND DIRECTORS	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LALA, JAMES D 11924 FOREST HILL BLVD., STE. 22 WELLINGTON, FL 33414	
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DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/04 541-790-1412

Daytime Phone #