

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000069006

FILED
Apr 22, 2005
Secretary of State

Entity Name: LORRAINE'S HODGEPODGE CORNER, INC.

Current Principal Place of Business:

525 N. RAINBOW DRIVE
HOLLYWOOD, FL 33021

New Principal Place of Business:

6115 NW NOLIA CT.
PORT ST. LUCIE, FL 34983

Current Mailing Address:

525 N. RAINBOW DRIVE
HOLLYWOOD, FL 33021

New Mailing Address:

6115 NW NOLIA CT.
PORT ST. LUCIE, FL 34983

FEI Number: 65-1026634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAVITT, LORRAINE
525 N. RAINBOW DRIVE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

LEAVITT, LORRAINE
6115 NW NOLIA CT.
PORT ST. LUCIE, FL 34983 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: _____

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: LEAVITT, LORRAINE
Address: 525 N. RAINBOW DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: LEAVITT, LORRAINE
Address: 525 N. RAINBOW DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: LEAVITT, LORRAINE
Address: 6115 NW NOLIA CT.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D (X) Change () Addition
Name: LEAVITT, LORRAINE
Address: 6115 NW NOLIA CT.
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: LORRAINE LEAVITT

PVST

04/22/2005

Electronic Signature of Signing Officer or Director

Date