

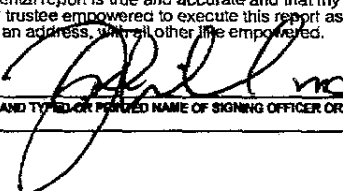


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 A
Secretary of State**

DOCUMENT # P00000073490			
1. Entity Name LAGME ENTERPRISES, INC.			
Principal Place of Business 1018 WEST BAY DRIVE LARGO, FL 33770	Mailing Address 1018 WEST BAY DRIVE LARGO, FL 33770		
DO NOT WRITE IN THIS SPACE			
		01052006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3682193	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent CAMPBELL, ESQ., PAMELA A.M. PLAZA TOWER, SUITE 1409 111 2ND AVE NE SAINT PETERSBURG, FL 33701		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000409206 02/08/06-80087-011 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAELLOS, JOHN 1018 WEST BAY DRIVE LARGO, FL 33770		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAELLOS, EVELYN 1018 WEST BAY DRIVE LARGO, FL 33770		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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, title or other title empowered.			
SIGNATURE: 		1/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	