

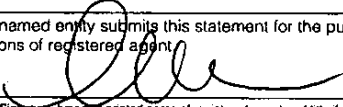
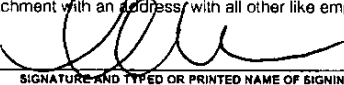


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90042 042 ***550.00

DOCUMENT # P01000083496					
1. Entity Name LADY LANELLS, INC.					
Principal Place of Business 631 US HIGHWAY 1 STE 400 NORTH PALM BEACH, FL 33408			Mailing Address 631 US HIGHWAY 1 STE 400 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 631 US Highway 1 Suite, Apt. #, etc. Suite 305		3. Mailing Address 631 US Highway 1 Suite, Apt. #, etc. Suite 305			
City & State North Palm Beach, FL		City & State North Palm Beach, FL		4. FEI Number 80-0057674	
Zip 33408		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAGAN, LANELL 631 US HIGHWAY 1 STE 400 NORTH PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name Lanell Fagan Street Address (P.O. Box Number is Not Acceptable) 631 US Highway 1 Suite 305 City North Palm Beach FL 33408	
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 reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE PVS	<input type="checkbox"/> Delete				
NAME FAGAN, LANELL					
STREET ADDRESS 631 US HWY 1 STE 400					
CITY-ST-ZIP NORTH PALM BEACH, FL 33408					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Delete				
STREET ADDRESS CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE PVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME Lanell Fagan					
STREET ADDRESS 631 US Highway 1, Ste 305					
CITY-ST-ZIP North Palm Beach, FL 33408					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					