2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# P02000017794

Entity Name: LAURENLIA, INC.

Current Principal Place of Business:

8191 COLLEGE PKWY., STE. 204
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1766 SIR MONTY'S DRIVE
MISSISSAUGA, ON L5N4R6 CA

New Mailing Address:

FEI Number: 54-2073923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WILLIAM R
8191 COLLEGE PKWY., STE. 204
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

NICHOLS, JAMES L
8191 COLLEGE PKWY., STE. 204
FT. MYERS, FL 33919 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: JAMES LARRY NICHOLS 04/22/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FINAN, WILLIAM
Address: 1766 SIR MONTY'S DRIVE
City-St-Zip: MISSISSAUGA, ON L5N4R6 CA

Title: PSTD ( ) Delete
Name: FINAN, CHRISTINE
Address: 1766 SIR MONTY'S DRIVE
City-St-Zip: MISSISSAUGA, ON L5N4R6 CA

Title: VD ( ) Delete
Name: MCCABE, LAURA
Address: 1766 SIR MONTY'S DRIVE
City-St-Zip: MISSISSAUGA, ON L5N4R6 CA

Title: VD ( ) Delete
Name: FINAN, RENEE
Address: 1766 SIR MONTY'S DRIVE
City-St-Zip: MISSISSAUGA, ON L5N4R6 CA

Title: VD ( ) Delete
Name: FINAN, LIAM
Address: 1766 SIR MONTY'S DRIVE
City-St-Zip: MISSISSAUGA, ON L5N4R6 CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: CHRISTINE FINAN PSTD 04/22/2008
Electronic Signature of Signing Officer or Director Date