

FILED
Jan 23, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000019829



Entity Name
PETER LAWRENCE ENTERPRISES INC.

Principal Place of Business
**6211 ROCK CREEK CIRCLE
ELLENTON, FL 34222-3908**

Mailing Address
**6211 ROCK CREEK CIRCLE
ELLENTON, FL 34222-3908**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0399713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAWRENCE, PETER
6211 ROCK CREEK CIRCLE
ELLENTON, FL 34222-3908**

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IN THIS SPACE**

I, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

11000003027630

01/20/06 20053-000 150.00

**FILE NOW!!! FEE IS \$150.00
IF NOT May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

PD
**LAWRENCE, PETER
6211 ROCK CREEK CIRCLE
ELLENTON, FL 342223908**

**DO NOT WRITE
IN THIS SPACE**

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: *Peter Lawrence* **PETER E. LAWRENCE** **JAN 20 2006**

Typed or printed name of officer or director

Date

Daytime Phone #