TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED 2007 FOR PROFIT CORPORATION ANNUAL REPORT Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # P02000090747 1. Entity Name LAUVIA, INC. Mailing Address Principal Place of Business 4072 NW 62 CT 4072 NW 62 CT COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 No Chg-P CR2E034 (11/05) 01082007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2288033 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **OUELLETTE, RENE** DO NOT WRITE 4072 NE 62ND CT COCONUT CREEK, FL 33073 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 U0000006078**89** OFFICERS AND DIRECTORS 10. 01/31/07-80054-022 150.00 DPT TITLE **OUELLETTE, RENE** NAME 4072 NW 62 CT STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1171.5 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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, with all other like empowered.