
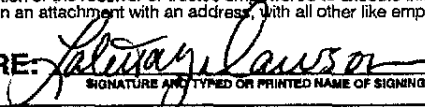


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000106718</b>		
1. Entity Name <b>LADIES OF SOUL INC.</b>		
Principal Place of Business <b>6415 LEONA STREET JACKSONVILLE, FL 32219</b>	Mailing Address <b>6415 LEONA STREET JACKSONVILLE, FL 32219</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DAWSON, LALETTA 6415 LEONA STREET JACKSONVILLE, FL 32219</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO BADGER, CAROLYN 6415 LEONA STREET JACKSONVILLE, FL 32219	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP DAWSON, LALETTA 6415 LEONA STREET JACKSONVILLE, FL 32219	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WOODEN, SHENITA 6415 LEONA STREET JACKSONVILLE, FL 32219	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T RAY, ENGLIA 6415 LEONA STREET JACKSONVILLE, FL 32219	
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 exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/29/05</b> Daytime Phone # <b>387-3464</b>



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0750226</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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05/04/05-80078-023 150.00