


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90263 001 ***150.00
03-13-2006 90263 002 *****8.75

DOCUMENT # P02000110013	
1. Entity Name LANE DIMENSIONS, INC.	

Principal Place of Business 801 BRICKELL BAY DR, UNIT 765 MIAMI, FL 33131	Mailing Address 801 BRICKELL BAY DR, UNIT 765 MIAMI, FL 33131
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66004789

2. Principal Place of Business 19494 Hampton Dr Suite, Apt. #, etc.	3. Mailing Address 19494 Hampton Dr Suite, Apt. #, etc.
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City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33434	Country USA



03062006 Chg-P - CR2E034 (11/05)

4. FEI Number 54-2080822	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TARAZONA, RUDOLFO 801 BRICKELL BAY DR, UNIT 765 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Garfield Heron Street Address (P.O. Box Number is Not Acceptable) 19494 Hampton Dr City Boca Raton FL Zip Code 33434
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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 Garfield Heron <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 3/9/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TARAZONA, RODOLFO		NAME Garfield Heron	
STREET ADDRESS 801 BRICKELL BAY DR, UNIT 765		STREET ADDRESS 19494 Hampton Dr	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP Boca Raton, FL 33434	
TITLE VP	<input checked="" type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOAIZANA, ISABEL		NAME Keiko Ishibashi	
STREET ADDRESS 801 BRICKELL BAY DR, UNIT 765		STREET ADDRESS 19494 Hampton Dr	
CITY-ST-ZIP MIAMI, FL 33131		CITY-ST-ZIP Boca Raton, FL 33434	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Garfield Heron <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 3/9/06 786 897 8528 <small>Date Daytime Phone #</small>