2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041552

Entity Name: LAZER POINTS, INC.

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8008 PLANTATION LAKES DR 7552 U.S. 1 SOUTH PORT ST LUCIE, FL 34986 PORT ST LUCIE, FL 34952 **Current Mailing Address: New Mailing Address:** 8008 PLANTATION LAKES DR PORT ST LUCIE, FL 34986 FEI Number: 36-4529206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MADDEN, JOHN W ESQ. 789 SO. FEDERAL HIGHWAY SUITE 308 STUART, FL 334994 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: PRFS (X) Change () Addition HENRY, MARY F Name: Name: HENRY, MARY F MERN 8008 PLANTATION LAKES DR 8008 PLANTATION LAKES DR Address: Address: City-St-Zip: PORT ST LUCIE, FL 34986 City-St-Zip: PORT ST LUCIE, FL 34986 VΡ Title: Title: () Delete () Change () Addition Name: HENRY, DAVID E Name: 8008 PLANTATION LAKES DRIVE Address: Address: PORT ST LUCIE, FL 34986 US City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition BING (ATKINSON), ELIZABETH M BING (ATKINSON), ELIZABETH M Name: Name: 2701 NW 23RD BLVD #E-46 143 6TH STREET Address: Address: GAINESVILLE, FL 32605 US City-St-Zip: HOLLY HILL, FL 32117 US City-St-Zip: Title: SCTY () Delete Title: () Change () Addition ATKINSON, ELIZABETH A Name: Name: Address: 944 HOLBROOK CIRCLE Address: City-St-Zip: FT. WALTON BEACH, FL 32547 US 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: MARY F MERN HENRY PRES 04/29/2007