

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041552

Entity Name: LAZER POINTS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

7552 U.S. 1 SOUTH
PORT ST LUCIE, FL 34952

New Principal Place of Business:

BUSINESS IS COLSED AS OF JUNE 1, 2008
PORT ST LUCIE, FL 34952

Current Mailing Address:

8008 PLANTATION LAKES DR
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 36-4529206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDEN, JOHN W ESQ.
789 SO. FEDERAL HIGHWAY
SUITE 308
STUART, FL 334994 US

Name and Address of New Registered Agent:

MADDEN, JOHN W ESQ.
900 SE OCEAN BLVD
SUITE 126-C
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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: HENRY, MARY F MERN
Address: 8008 PLANTATION LAKES DR
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP () Delete
Name: HENRY, DAVID E
Address: 8008 PLANTATION LAKES DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: VP () Delete
Name: BING (ATKINSON), ELIZABETH M
Address: 143 6TH STREET
City-St-Zip: HOLLY HILL, FL 32117 US

Title: SCTY () Delete
Name: ATKINSON, ELIZABETH A
Address: 944 HOLBROOK CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MERN HENRY

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date