
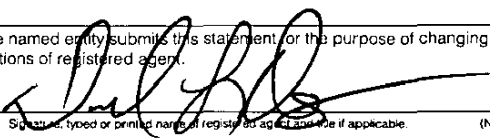
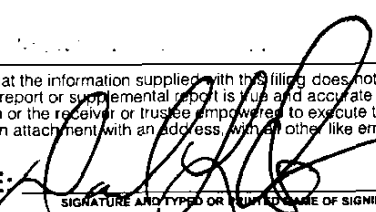


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90039 013 \*\*\*550.00

<b>DOCUMENT # P03000087774</b> 1. Entity Name <b>LOXCRETE, INC.</b>					
Principal Place of Business <b>8543 W. BOYNTON BEACH BLVD. SUITE 201 BOYNTON BEACH, FL 33437</b>			Mailing Address <b>8543 W. BOYNTON BEACH BLVD. SUITE 201 BOYNTON BEACH, FL 33437</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address <b>P. O. Box 480184 Delray Beach, FL 33448</b> Suite, Apt. #, etc. City & State Zip      Country		
4. FEI Number <b>20-0486504</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>OWENS, DAVID 8543 W. BOYNTON BEACH BLVD. SUITE 201 BOYNTON BEACH, FL 33437</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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  DATE <b>5-19-06</b> <small>Signature typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>OWENS, DAVID</b> <b>8543 W. BOYNTON BEACH BLVD. SUITE 201</b> <b>BOYNTON BEACH, FL 33437</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Owens, David</b> <b>8543 W. Boynton Beach Blvd. Ste 201</b> <b>Boynton Beach, FL 33448</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <input checked="" type="checkbox"/> Delete <b>OWENS, ANDREA J</b> <b>8543 W. BOYNTON BEACH BLVD. SUITE 201</b> <b>BOYNTON BEACH, FL 33437</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
SIGNATURE 			Date <b>5/19/06</b> Daytime Phone # <b>561-436-3193</b>		