2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000104344

1. Entity Name

37 NORTH LORNA DOONE, INC.



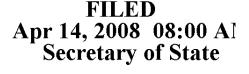
Principal Place of Business

ORLANDO, FL 32805

49 LORNA DOONE BLVD

Mailing Address

49 LORNA DOONE BLVD ORLANDO, FL 32805





04102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-2127883

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLLAR, BRUCE A 49 LORNA DOONE BLVD ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

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_ Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating)						DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		U000000 04 (25 400)	1897579 2006/1-010) 450 00		
10.	OFFICERS AND DIREC	CTORS	Sandy &	1 488	and the Early year		(a) \$200.000 \$1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLLAR, BRUCE A 49 LORNA DOONE BLVD ORLANDO, FL 32805							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Į.	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN:	THIS SP	ACE		
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 quality 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 path; that I am an officer or director								

The early certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I former certify that the information indicated on this report or suppliemental 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-8

321 377 2434

Daytime Phone #