

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153678

Entity Name: LOCLAR UNIQUES INC.

FILED  
Apr 23, 2006  
Secretary of State

## Current Principal Place of Business:

421 PINESONG DR  
CASSELBERRY, FL 32707

## New Principal Place of Business:

205 FLAME AVE.  
MAITLAND, FL 32751

## Current Mailing Address:

P.O. BOX 181219  
CASSELBERRY, FL 32718

## New Mailing Address:

FEI Number: 05-0593270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLEN, CLARA K  
421 PINESONG DR  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

ALLEN, CLARA K  
205 FLAME AVE.  
MAITLAND, FL 32751 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:

04/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ALLEN, CLARA K  
Address: 421 PINESONG DR  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: HUFFMAN, LOIS R  
Address: 2101 KILLARNEY DRIVE  
City-St-Zip: WINTER PARK, FL 32789

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ALLEN, CLARA K  
Address: 205 FLAME AVE.  
City-St-Zip: MAITLAND, FL 32751

Title: VP (X) Change ( ) Addition  
Name: ALLEN, FRANKLIN T  
Address: 205 FLAME AVE.  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: CLARA K. ALLEN

PRES

04/23/2006

Electronic Signature of Signing Officer or Director

Date