2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039698

Entity Name: LAMINATES OF STYLE INC.

FILED Mar 04, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

546 NW MARION AVE 119 SUNNY OAK TRAIL PORT ST. LUCIE, FL 34983 US KISSIMMEE, FL 34746 US

Current Mailing Address: New Mailing Address:

546 NW MARION AVE 119 SUNNY OAK TRAIL PORT ST. LUCIE, FL 34983 US KISSIMMEE, FL 34746 US

FEI Number: 20-1273786 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:

TAXPLACE CORP 2721 S. US 1 SUITE 9 FORT PIERCE, FL 34982 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: PD () Delete Title: PD (X) Change () Addition

 Name:
 ZAMBOTTI, GIOVANNI
 Name:
 ZAMBOTTI, GIOVANNI

 Address:
 546 NW MARION AVE
 Address:
 119 SUNNY OAK TRAIL

 City-St-Zip:
 PORT ST. LUCIE, FL 34983 US
 City-St-Zip:
 KISSIMMEE, FL 34746 US

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: GIOVANNI ZAMBOTTI PD 03/04/2006