


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90280 008 ***150.00

DOCUMENT # P04000051485 1. Entity Name LORIANNA INC.																															
Principal Place of Business 9000 SHERIDAN STREET SUITE 125 PEMBROKE PINES, FL 33024		Mailing Address 9000 SHERIDAN STREET SUITE 125 PEMBROKE PINES, FL 33024																													
2. Principal Place of Business 1152 N UNIVERSITY DR STE 301 PEMBROKE PINES FL		3. Mailing Address 1152 N UNIVERSITY DR STE 301 PEMBROKE PINES																													
Suite, Apt. #, etc. STE 301		Suite, Apt. #, etc. STE 301																													
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES																													
Zip 33024		Zip 33024																													
Country US		Country US																													
4. FEI Number 20-0900956		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent BECKFORD, LORRAINE 9000 SHERIDAN STREET SUITE 125 PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name BECKFORD, LORRAINE Street Address (P.O. Box Number is Not Acceptable) 1152 N UNIVERSITY DR STE 301 City PEMBROKE PINES FL Zip Code 33024																													
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 <u><i>Lorraine Beckford</i></u> DATE <u>3.3.05</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES BECKFORD, LORRAINE 9000 SHERIDAN STREET, SUITE 125 PEMBROKE PINES, FL 33024 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRES BECKFORD, LORRAINE 9000 SHERIDAN STREET, SUITE 125 PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT BECKFORD, LORRAINE 1152 N UNIVERSITY DR STE 301 PEMBROKE PINES FL 33024 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT BECKFORD, LORRAINE 1152 N UNIVERSITY DR STE 301 PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.																															
SIGNATURE: <u><i>Lorraine Beckford</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3.3.05</u> <small>Daytime Phone #</small>																													

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