

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000061627

1. Entity Name
LA VEE CONNECTION INC



Principal Place of Business
356 RONA LANE
DAVENPORT, FL 33897

Mailing Address
356 RONA LANE
DAVENPORT, FL 33897

2. Principal Place of Business
239 LONGVIEW AVENUE

Suite, Apt. #, etc.
UNIT 12-115

City & State
CELEBRATION FL

Zip **34747** Country **USA**

3. Mailing Address
239 LONGVIEW AVENUE

Suite, Apt. #, etc.
UNIT 12-115

City & State
CELEBRATION FL

Zip **34747** Country **USA**

6. Name and Address of Current Registered Agent

REMY, LULA
356 RONA LANE
DAVENPORT, FL 33897

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REMY, LULA 356 RONA LANE DAVENPORT, FL 33897	<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
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 all other like empowered.

SIGNATURE:

**FILED
Aug 14, 2006 8:00 am
Secretary of State**

08-14-2006 90039 049 ***150.00

40101304



07212006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0989159 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required