

2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/ **FILED**
Mar 16, 2007 8:00 am
Secretary of State

02-26-2007 90071 047 ***150.00

DOCUMENT # P04000095078 1. Entity Name LASERLURE INC					
Principal Place of Business 1311 N. US HWY #1 156 TITUSVILLE, FL 32796			Mailing Address 1311 N. US HWY #1 156 TITUSVILLE, FL 32796		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-1277723				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01222007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent VENUTI, LOUIS 400 ORANGE ST. TITUSVILLE, FL 32796			7. Name and Address of New Registered Agent Name BRUCE A YOUNG Street Address (P.O. Box Number is Not Acceptable) 3670 MIRIAM DR TITUSVILLE, FL 32780 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: Printed or printed name of registered agent and date of application DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D YOUNG, BRUCE A 3670 MIRIAM DR. TITUSVILLE, FL 32780		TITLE NAME STREET ADDRESS CITY, ST, ZIP	PRESIDENT ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	MICHAEL B YOUNG 1211 REMINGTON CIRCLE SHREVEPORT, LA 71106 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ 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 1607, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature Please)					

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