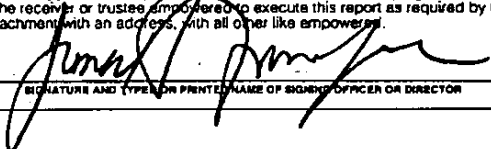


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 16, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90109 030 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                              |                                                                                     |                                                                           |                                                                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P04000099117</b><br>1. Entity Name<br><b>LAZNAR ACQUISITION CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              |                                                                                     |                                                                           |                                                                                                        |  |
| Principal Place of Business<br><b>1001 BRICKELL BAY DR 30 FLR<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                              |                                                                                     | Mailing Address<br><b>1001 BRICKELL BAY DR 30 FLR<br/>MIAMI, FL 33131</b> |                                                                                                                                                                                         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              | 3. Mailing Address                                                                  |                                                                           |                                                                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                              | Suite, Apt. #, etc.                                                                 |                                                                           |                                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                              | City & State                                                                        |                                                                           |                                                                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Country                                                                                      | Zip                                                                                 | Country                                                                   | 4. FEI Number<br><b>APPLIED FOR</b>                                                                                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                              |                                                                                     |                                                                           | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>AMERICAN INFORMATION SERVICES, INC.<br/>ONE SE 3 AVE, 28 FLR<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                              |                                                                                     |                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                       |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                           | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>              |                                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | D<br><b>ZOMERFELD, FRANK</b><br><b>1001 BRICKELL BAY DR 30 FLR</b><br><b>MIAMI, FL 33131</b> |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                              |                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 empowerments. |                                                                                              |                                                                                     |                                                                           |                                                                                                                                                                                         |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                              |                                                                                     | Date <b>5/2/05</b>                                                        |                                                                                                                                                                                         |  |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                              |                                                                                     |                                                                           |                                                                                                                                                                                         |  |

66023159



04192005 Chg-P CR2E034 (10/03)

FL

Zip Code