


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000118306

1. Entity Name
LPLW, INC.



Principal Place of Business 214 BRAZILIAN AVE., SUITE 200 PALM BCH, FL 33480	Mailing Address 214 BRAZILIAN AVE., SUITE 200 PALM BCH, FL 33480
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1500020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EVANS, LESLIE R
 214 BRAZILIAN AVE., SUITE 200
 PALM BCH, FL 33480**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOAN, JOSEPH M 214 BRAZILIAN AVE., SUITE 200 PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, LESLIE R 214 BRAZILIAN AVE., SUITE 200 PALM BCH, FL 33480
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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:  **Pres. JOSEPH BOAN** 2/14/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #