

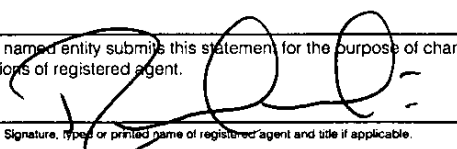
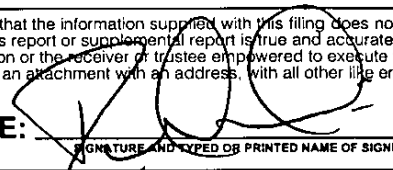


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90009 033 \*\*\*150.00

<b>DOCUMENT # P04000141540</b> 1. Entity Name <b>LALAGUNA HOME SERVICES INC.</b>					
Principal Place of Business <b>8427 MILANO DRIVE</b> <b>APT. #1527</b> <b>ORLANDO, FL 32810 US</b>			Mailing Address <b>8427 MILANO DRIVE</b> <b>APT. #1527</b> <b>ORLANDO, FL 32810 US</b>		
2. Principal Place of Business <b>12030 Villanova Dr.</b> Suite, Apt. #, etc. <b>Apt. #109</b> City & State <b>Orlando FL</b> Zip <b>32837</b>		3. Mailing Address <b>12030 Villanova Dr.</b> Suite, Apt. #, etc. <b>Apt. #109</b> City & State <b>Orlando FL</b> Zip <b>32837</b>			
4. FEI Number <b>33-1104824</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LALAGUNA, RICARDO</b> <b>8427 MILANO DRIVE</b> <b>APT. #1527</b> <b>ORLANDO, FL 32810</b>			7. Name and Address of New Registered Agent Name <b>Ricardo Lalaguna</b> Street Address (P.O. Box Number is Not Acceptable) <b>12030 Villanova Drive</b> Apt. #109 City <b>Orlando</b> <b>FL</b> Zip Code <b>32837</b>		
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 <b>2-10-06</b> <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</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P LALAGUNA, RICARDO 8427 MILANO DRIVE #1527 ORLANDO, FL 32810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ricardo Lalaguna 12030 Villanova Drive #109 Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ricardo Lalaguna 12030 Villanova Drive #109 Orlando, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ricardo Lalaguna 12030 Villanova Drive #109 Orlando, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ricardo Lalaguna 12030 Villanova Drive #109 Orlando, FL 32837	<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:  DATE <b>2-10-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					