


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90156 015 \*\*\*150.00

<b>DOCUMENT # P04000142454</b>	
1. Entity Name <b>LAURA NORMAN ENTERPRISES, INC.</b>	

Principal Place of Business <b>1000 LOWRY STREET APT. 6C DELRAY BEACH, FL 33483 US</b>	Mailing Address <b>1000 LOWRY STREET APT. 6C DELRAY BEACH, FL 33483 US</b>
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2. Principal Place of Business <b>140 NORTH EAST 2ND AVE DELRAY BEACH, FL 33444</b>	3. Mailing Address <b>140 NORTH EAST 2ND AVE DELRAY BEACH, FL 33444</b>
City & State <b>DELRAY BEACH, FL</b>	City & State <b>DELRAY BEACH, FL</b>
Zip <b>33444</b>	Country <b>PALESTINE</b>

	
01062005	Chg-P CR2E034 (10/03)
4. FEI Number <b>20-1749047</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SCHONE, LARRY T 72 N.E. FIFTH AVENUE DELRAY BEACH, FL 33483</b>	
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7. Name and Address of New Registered Agent <b>FLAVIO FRANCO 90 FRANCO FINANCIAL CO 144 EXECUTIVE CIRCLE BOYNTON BEACH, FL 33436</b>	
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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 <b>FLAVIO FRANCO</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>3-3-2005</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.S. NORMAN, LAURA 1000 LOWRY STREET, APT. 6C DELRAY BEACH, FL 33483</b> <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
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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 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 empowered.	
SIGNATURE: <b>Laura B. Norman</b>	