## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000147025

Entity Name: LACHING.

FILED Feb 19, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8435 SUNRISE LAKES BLVD #107

SUNRISE, FL 33322 US

Current Mailing Address: New Mailing Address:

8435 SUNRISE LAKES BLVD #107 SUNRISE, FL 33322 US

FEI Number: 11-3730941 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLOMON, CINDI J SOLOMON, KARA N

8435 SUNRISE LAKES BLVD. 8435 SUNRISE LAKES BLVD. #107

SUNRISE, FL 33322 US SUNRISE, FL 33322 US

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.

SIGNATURE: KARA N. SOLOMON 02/19/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: CEO (X) Change ( ) Addition

Name: SOLOMON, CINDI J Name: SOLOMON, KARA N
Address: 8435 SUNRISE LAKES BLVD #107 Address: 8435 SUNRISE LAKES BLVD #107

City-St-Zip: SUNRISE, FL 33322 US City-St-Zip: SUNRISE, FL 33322 US

Title: VP () Delete Title: P (X) Change () Addition

 Name:
 SOLOMON, LAWRENCE P
 Name:
 CREAMER, JENNIFER B

 Address:
 8435 SUNRISE LAKES BLVD. #107
 Address:
 10317 NW 33RD STREET

 City-St-Zip:
 SUNRISE, FL 33322 US
 City-St-Zip:
 CORAL SPRINGS, FL 33065 US

Title: ( ) Delete Title: VP ( ) Change (X) Addition

 Name:
 Name:
 SOLOMON, LAWRENCE

 Address:
 Address:
 11430 NW 35 STREET

 City-St-Zip:
 City-St-Zip:
 SUNRISE, FL 33323

Title: ( ) Delete Title: SEC ( ) Change (X) Addition

 Name:
 Name:
 CONCEPTION, JENNIFER

 Address:
 Address:
 11430 NW 35TH

 City-St-Zip:
 City-St-Zip:
 SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARA N. SOLOMON CEO 02/19/2009