


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90549 019 ***150.00

DOCUMENT # P04000163024	
1. Entity Name LAMAPRO, INC.	

Principal Place of Business 303 EAST PAT STREET ORLANDO, FL 32804	Mailing Address 303 EAST PAT STREET ORLANDO, FL 32804
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20035532



2. Principal Place of Business 303 East Par Street	3. Mailing Address 303 East Par Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03032005 Chg-P CR2E034 (10/03)

City & State Orlando, Florida	City & State Orlando, Florida
Zip 32804	Country USA
Zip 32804	Country USA

4. FEI Number 20-2192058	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRYANT, CARLA D 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O.-Box Number is Not Acceptable)	
City	Zip Code
FL	

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, 2005 Fee will be \$550.00

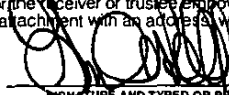
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete POWELL, GEORGE L 303 EAST PAT STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete POWELL, MARSHA B 303 EAST PAT STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BOYETTE, ISABEL 303 EAST PAT STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 303 East Par Street Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 303 East Par Street Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 303 East Par Street Orlando, FL 32804
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"/> Change <input type="checkbox"/> Addition
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 26 05 (407) 622 6282

Date Daytime Phone #