
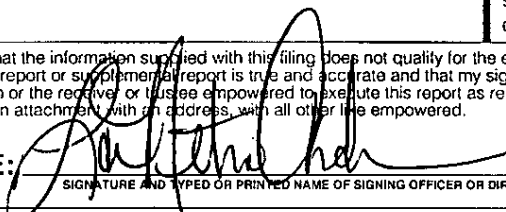


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 8:00 am**  
**Secretary of State**

09-09-2005 90031 007 \*\*\*150.00

<b>DOCUMENT # P04000164918</b> 1. Entity Name LANITRA'S DIVINE STUDIO, INC.			
Principal Place of Business <del>1902 W ST JOHN ST</del> <b>2142 W MLK JR. BVD</b> TAMPA, FL 33607		Mailing Address <del>1902 W ST JOHN ST</del> <b>2142 W MLK JR. BVD</b> TAMPA, FL 33607	
2. Principal Place of Business <b>2142 W MLK JR BVD</b> Suite, Apt. #, etc.		3. Mailing Address <b>2142 W MLK JR BVD</b> Suite, Apt. #, etc.	
City & State <b>Tampa FL</b> Zip <b>33607</b>		City & State <b>Tampa FL</b> Zip <b>33617</b>	
4. FEI Number <b>11-3734126</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  ANDERSON, LANITRA 1902 W ST JOHN ST TAMPA, FL 33607		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____ <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 \$550.00</b> <b>Due by September 7, 2005</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	STD ANDERSON, LANITRA 1902 W ST JOHN ST TAMPA, FL 33607	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	<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 line empowered.			
SIGNATURE: 		7/5/05 (83) 514-9962	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

# ATTACHMENT

**LANITRA'S DIVINE STUDIO, INC.**  
**2142 W MLK JR BLVD**  
**TAMPA, FL 33607**

50066044  
# P04000164918

July 20, 2005

Florida Department of State  
Division of Corporations  
P O Box 6198  
Tallahassee, FL 32314

Dear Sir or Madam:

I did not receive the original annual report renewal application for my business. I request that you please accept this downloaded application and renew my corporation.

Sincerely,

  
La Nitra Anderson  
President