2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006
Secretary of State

DOCUMENT# P05000045146

Entity Name: LORIAN, INC.

Current Principal Place of Business:

7087 GRAND NATIONAL DRIVE SUITE 100
ORLANDO, FL 32819

New Principal Place of Business:

193 HIDEAWAY BEACH LANE
193
KISSIMMEE, FL 34746 US

Current Mailing Address:

7087 GRAND NATIONAL DRIVE SUITE 100
ORLANDO, FL 32819

New Mailing Address:

193 HIDEAWAY BEACH LANE
193
KISSIMMEE, FL 34746 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAVIGNE, COTON & ASSOCIATES PA
7087 GRAND NATIONAL DRIVE SUITE 100
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

MASON, IAN R MR
193 HIDEAWAY BEACH LANE
193
KISSIMMEE, FL 34746 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: IAN R MASON 07/31/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MASON, IAN
Address: 47 NORTH PARK STREET
City-St-Zip: DEWSBURRY WEST YORKSHIRE, WH3 4LX

Title: D ( ) Delete
Name: MASON, LORRAINE
Address: 47 NORTH PARK STREET
City-St-Zip: DEWSBURRY WEST YORKSHIRE, WH3 4LX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MASON, IAN R MR
Address: 1 CATERS CLOSE
City-St-Zip: FREETHORPE, NR NR13 3JN UK

Title: D (X) Change ( ) Addition
Name: MASON, LORRAINE P MRS
Address: 1 CATERS CLOSE
City-St-Zip: FRETHORPE, NR NR13 3JN UK

I hereby certify that the information supplied with this filing does not qualify for the 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: IAN R MASON D 07/31/2006
Electronic Signature of Signing Officer or Director Date