2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2008 08:00 AN Secretary of State DOCUMENT # P05000121131 LAUREN EDWARD ENTERPRISES, INC. Mailing Address Principal Place of Business PO BOX 173228 PO BOX 173228 TAMPA, FL 33672 **TAMPA. FL 33672** 04182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3641787 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEIR, FAITH DO NOT WRITE 405 EAST PARK AVE TAMPA, FL 33602 IN THIS SPACE 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 . WELR SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signsture required when reinstating) 9. Flection Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Bo Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WEIR, FAITH NAME STREET ADDRESS 405 EAST PARK AVE CITY-ST-ZIP TAMPA, FL 33602 DTLE U00000919219 05/13/08-80099-023 150.00 . NAME STREET ADURESS 0111-01-217 HILE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP MLE NAME STREET ADDRESS City-St-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if mode 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. WeiR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED