


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000139138	
1. Entity Name LORI CHRIST INC	

Principal Place of Business 7209 49TH PL E PALMETTO, FL 34221 US	Mailing Address 7209 49TH PL E PALMETTO, FL 34221 US
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

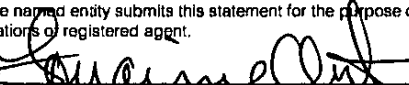
4. FEI Number 20-3617511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CHRIST, LORRAINNE L
7209 49TH PL E
PALMETTO, FL 34221

DO NOT WRITE 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.

SIGNATURE:  (NOTE: Registered Agent signature required when reissuing)

DATE: 4/11/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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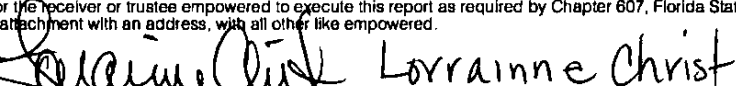
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRIST, LORRAINNE L 7209 49TH PL E PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRIST, PAUL M 7209 49TH PL E PALMETTO, FL 34221
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04/27/07-80034-016 150.00

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12. I hereby certify that the information supplied with this filing 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 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:  Lorraine Christ 4/11/07 94.228.0308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #