

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000338

Entity Name: L.K. INNOVATION INC.

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

2217 EVANGELIA AVE  
DELTONA, FL 32725

## New Principal Place of Business:

2217 EVANGELINA AVE  
DELTONA, FL 32725

## Current Mailing Address:

2217 EVANGELIA AVE  
DELTONA, FL 32725

## New Mailing Address:

2217 EVANGELINA AVE  
DELTONA, FL 32725

FEI Number: 20-4335900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQRARE BLVD, SUITE 101  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

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: DP ( ) Delete  
Name: AXELROD, LAUREN  
Address: 2217 EVANGLINA AVE  
City-St-Zip: DELTONA, FL 32725

Title: V ( ) Delete  
Name: WADE, KELLY  
Address: 2217 EVANGELIA AVE  
City-St-Zip: DELTONA, FL 32725

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: AXELROD, LAUREN  
Address: 2217 EVANGELINA AVE  
City-St-Zip: DELTONA, FL 32725

Title: V (X) Change ( ) Addition  
Name: WADE, KELLY  
Address: 2217 EVANGELINA AVE  
City-St-Zip: DELTONA, FL 32725

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: LAUREN AXELROD

DP

05/01/2006

Electronic Signature of Signing Officer or Director

Date