

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000000338

Entity Name: L.K. INNOVATION INC.

FILED
May 07, 2007
Secretary of State

Current Principal Place of Business:

112 EAST 5TH AVENUE
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

112 EAST 5TH AVENUE
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 20-4335900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUREN, AXELROD
2217 EVANGELINA AVE
DELTONA, FL 32725 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AXELROD, LAUREN A P
Address: 112 EAST 5TH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: VP () Delete
Name: WADE, WILLIAM K VP
Address: 112 EAST 5TH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: ALEXANDRU, FAITH Z
Address: 112 EAST 5TH AVENUE
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify 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

P

05/07/2007

Electronic Signature of Signing Officer or Director

Date