


**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

03-27-2007 90020 025 \*\*\*150.00

<b>DOCUMENT # P06000145591</b> 1. Entity Name <b>RENE LACHANCE MANAGEMENT INC</b>					
Principal Place of Business <b>222 LONEPINE LANE          HALLANDALE, FL 33009</b>		Mailing Address <b>222 LONEPINE LANE          HALLANDALE, FL 33009</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>LESPERANCE, PAULINE T.          222 LONEPINE LANE          HALLANDALE, FL 33009</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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: <i>R. Lachance</i>		DATE: <b>14-03-07</b>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00          After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD <b>LACHANCE, RENE</b> <b>222 LONEPINE LANE</b> <b>HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD <b>LACHANE, JOCELYNE</b> <b>222 LONEPINE LANE</b> <b>HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>LESPERANCE, PAULINE T</b> <b>222 LONEPINE LANE</b> <b>HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>R. Lachance</i>		R. LACHANCE <b>14-03-07</b> <b>954-962 0935</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			



03142007 Chg-P CR2E034 (12/06)  
 4. FEI Number **20-5917045**  Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**