

<b>DOCUMENT # P07000069277</b> 1. Entity Name <b>LAWS BRANCH CORP.</b>			
Principal Place of Business <b>7221 MARCH TERRACE</b> <b>PORT ST. LUCIE, FL 34986</b> <b>US</b>		Mailing Address <b>7221 MARCH TERRACE</b> <b>PORT ST. LUCIE, FL 34986</b> <b>US</b>	
2. Principal Place of Business - No P.O. Box # <b>10308 LANDMARK DR.</b> Suite, Apt. #, etc. <b>HUDSON</b>		3. Mailing Address <b>10308 LANDMARK DR.</b> Suite, Apt. #, etc. <b>HUDSON</b>	
City & State <b>FLORIDA</b>		City & State <b>FLORIDA</b>	
Zip <b>34667</b>	Country <b>US</b>	Zip <b>34667</b>	Country <b>US</b>
6. Name and Address of Current Registered Agent  <b>PAPPALARDO, RUSSELL</b> <b>7221 MARCH TERRACE</b> <b>PORT ST. LUCIE, FL 34986</b>		7. Name and Address of New Registered Agent 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: <u><i>Russell Pappalardo</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D <b>PAPPALARDO, RUSSELL</b> <b>7221 MARCH TERRACE</b> <b>PORT ST. LUCIE, FL 34986</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: 1.2em; margin: 0;">This Corp. did no business</p> <p style="font-size: 1.2em; margin: 0;">WE ARE IN A RECESSION!</p> <p style="font-size: 1.2em; margin: 0;">ENCLOSED IS</p> </div> <div style="width: 45%; text-align: right;"> <p style="font-size: 1.2em; margin: 0;">150 AS REQUESTED</p> <p style="font-size: 1.2em; margin: 0;">THANK YOU</p> </div> </div>			
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: <u><i>Russell Pappalardo</i></u> Date: _____    Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

40115841



09082008    Chg-P    CR2E034 (12/06)

4. FEI Number  
**30-042 7825**    Applied For  
Not Applicable

5. Certificate of Status Desired    ☐    **\$8.75 Additional Fee Required**

My New ADDRESS IS

10308 LANDMARK DR

HUDSON FL 34667

*[Handwritten mark]*