2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P09946

SIGNATURE:

1. Entity Name LAROCHE INDUSTRIES INC.



FILED Mar 31, 2006 8:00 am Secretary of State 03-31-2006 90011 029 ***150.00

					TELL !						
Principal Place	e of Business		Mailing Address		-						
1100 JOHNSON FERRY RD, NE ATLANTA, GA 30342			1100 JOHNSON FERRY F ATLANTA, GA 30342	RD, NE	, !	, đại	, •				
								AMM		ımmı	an m
2. Principal P	HOLCO	MB BLOGENO	3. Mailing Address 4038 HOLOO Suite, Apt. #, etc.	HB BUD	GE 14						
Suite, Apt. #, etc. Sui7E (35			SUITE 125			03022006	Chg	-P	CR2E	34 (11/05))
City & State			City & State			4. FEI Numb				^	pplied For
	ROSS	Country	VOICEOSS SA			13-334	1472		•		lot Applicable
300	7a	FULTON	3092	FULTO	2~	5. Certificate	of Status	Desired		\$8.75 Ad Fee Requir	
	6. Name	and Address of Current R	egistered Agent	Name		7. Name and	Address	of New R	egistered	Agent	
CORPORATION SERVICE COMPANY											
1201 HAYS				Street A	ddress (I	P.O. Box Numb	er is Not A	cceptable	*)		
TALLAHAS	SSEE, FL										
٠				C2.						1 75.00	
				City					<u>FL</u>	Zip Co	ue
	named entity ions of regist		the purpose of changing its r	egistered office or	register	ed agent, or bo	th, in the S	itate of Flo	rida. Iam	familiar with	i, and accept
	-										
SIGNATURE.	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signat	ure required	when reinstating)			DATE		
		FEE IS \$150.00 8 Fee will be \$550.0	in Financing bution.		.00 May Be ed to Fees						
10.		OFFICERS AND D		11.		ADDITIONS	/CHANGE	S TO OFFI	CERS AND		
TITLE NAME	D RAPOPOI	RT, MICHEL	☐ Delete	TITLE NAME						(III) Change	Addition
STREET ADDRESS		TRAL PARKWAY SOUT	₹1	STREET ADDRESS	23	09 ALA	MEDA	AVE			
CITY-ST-ZIP	SARASO	TA, FL 34231-		CITY-ST-ZIP	SA	09 ALAI KASOTA	FL	345	134		
IIITE	AVP		Delete	TITLE						☐ Change	Addition
NAME	SHERMAI	•		NAME							
STREET ADDRESS CITY-ST-ZIP		OVE PARK DR. GA 30096		STREET ADDRESS CITY-ST-ZIP	ļ						
TITLE	DOCOTTI,	<u> </u>	☐ Delete	TITLE						☐ Change	Addition
NAME				NAME							
STREET ADDRESS				STREET ADDRESS	}						
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HAME				NAME							
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP							
TITLE			☐ Delete	TITLE	 					☐ Change	☐ Addition
NAME			L. Delett	NAME							
STREET ADDRESS				STREET ADDRESS	ļ						
CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>						
12. I hereby of indicated	certify that the	e information supplied with it or supplemental report is	this filing does not qualify for true and ficcilrate and that m wered a execute this report a the of other like empowered.	the exemptions of signature shall the	ontained ave the	in Chapter 11 same legal effe	9, Florida ct as if ma	Statutes. I de under (further cer bath; that f	tify that the am an office	information er or director
of the cor changed.	poration or the	he receiver or trustee empore	wered of execute this report a	is required by Cha	apter 607	, Florida Statut	es; and th	at my nami	e appears	n Block 10	or Block 11 if

LII Holdings, Inc.

Jay M. Lapine, Esq., CLO & Secretary

03.03.2006

770.246.7730

Daytime Phone #