

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000059331

FILED
Jan 21, 2009
Secretary of State

Entity Name: LASER FINANCE, INC.

Current Principal Place of Business:

1067 RAINER DR
SUITE 1002
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1067 RAINER DR
SUITE 1002
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 65-0421278 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEAN, KAREN
1067 RAINER DR
SUITE 1002
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SIMON, SHARON
Address: 415 Highbrook Dr. NE
City-St-Zip: ATLANTA, GA 30342

Title: PD () Delete
Name: EVANS, JAMES D SR
Address: 263 S. BEACH RD.
City-St-Zip: HOBE SOUND, FL 33455

Title: STM () Delete
Name: DEAN, KAREN
Address: 37336 SYKORA LN
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KAREN DEAN

STM

01/21/2009

Electronic Signature of Signing Officer or Director

Date