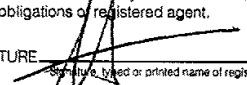
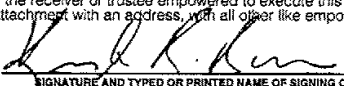


May 0
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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000080130			
1. Entity Name LORKEN PUBLICATIONS INC.			
Principal Place of Business 1640 PERIWINKLE WAY #2 SANIBEL, FL 33957 US	Mailing Address 1640 PERIWINKLE WAY #2 SANIBEL, FL 33957 US		
DO NOT WRITE IN THIS SPACE			
		04282005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0525009	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MICHAEL, TERRY 1640 PERIWINKLE WAY UNIT 2 SANIBEL, FL 33957			DO NOT WRITE IN THIS SPACE
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:  4-28-05 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000351355 05/02/05-80140-025 150.00
10. OFFICERS AND DIRECTORS			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RASI, KENNETH 13500 SIESTA PINES CT #303 FORT MYERS, FL 33908		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ARUNDEL, LORIN 16805 DAVIS RD SW 121 FT MYERS, .		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4-28-05 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			