

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024575

Entity Name: LAUGHING LIZARDS, INC.

FILED  
Jan 08, 2008  
Secretary of State

**Current Principal Place of Business:**

7808 NW 44TH STREET  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

7808 NW 44TH STREET  
SUNRISE, FL 33351 US

**New Mailing Address:**

FEI Number: 65-0574606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KROLL, ROBIN  
7808 NW 44TH STREET  
SUNRISE, FL 33351 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: PRD ( ) Delete  
Name: KROLL, ROBIN  
Address: 7808 NW 44TH STREET  
City-St-Zip: SUNRISE, FL 33351 US

Title: VPD ( ) Delete  
Name: KROLL, WILLIAM  
Address: 7808 NW 44TH STREET  
City-St-Zip: SUNRISE, FL 33351 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WILLIAM KROLL

VPD

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date