


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90400 047 ***150.00

DOCUMENT # P95000076012
 1. Entity Name
 LORI LANE ENTERPRISES, INC.



Principal Place of Business 12995 S CLEVELAND AVE PBS 1 FORT MYERS, FL 33907 US	Mailing Address 12995 S CLEVELAND AVE PBS 1 FORT MYERS, FL 33907 US
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50039054



2. Principal Place of Business <i>8140 College Parkway</i> Suite Apt. #, etc. <i>107</i>	3. Mailing Address <i>8140 College Parkway</i> Suite Apt. #, etc. <i>107</i>
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04082005 Chg-P CR2E034 (10/03)

City & State <i>Fort Myers, FL</i>	City & State <i>Fort Myers, FL</i>	4. FEI Number 65-0613700	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33919</i>	Country <i>Lee</i>	Zip <i>33919</i>	Country <i>Lee</i>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 LANE, LORI
 12995 S. CLEVELAND AVE.
 FORT MYERS, FL 33907

7. Name and Address of New Registered Agent
 Name *Lori Lane*
 Street Address (P.O. Box Number(s) Not Acceptable)
8140 College Parkway
 Suite *107*
 City *Fort Myers, FL* Zip Code *33919*

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 *Lori Lane* DATE *4-8-05*

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANE, LORI 12995 S. CLEVELAND AVE PBS1 FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Lori Lane* DATE *4-8-05* Daytime Phone # *239-489-1588*