2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P96000080975

1. Entity Name

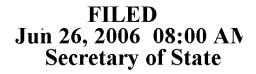
LOKAT, INC. OF CENTRAL FLORIDA



Principal Place of Business

575 EAST CENTRAL AVE WINTER HAVEN, FL 33880 Mailing Address

575 EAST CENTRAL AVE WINTER HAVEN, FL 33880





DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-3412357 Not Applicable

CR2E034 (11/05)

\$8.75 Additional 5. Certificate of Status Desired Fee Required

No Cha-P

6. Name and Address of Current Registered Agent

THOMAS, CONSTANTINA 575 E CENTRAL AVENUE WINTER HAVEN, FL 33880

SIGNATURE

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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.	

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

Due by September 6, 2006

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

06222006

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

DATE

OFFICERS AND DIRECTORS 10. TITLE THOMAS, LARRY NAME STREET ADDRESS 575 EAST CENTRAL AVENUE CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME THOMAS, CONSTANTINA 575 EAST CENTRAL AVENUE STREET ADDRESS WINTER HAVEN, FL 33880 CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

U00000567622 06/26/06-80004-007 150.00

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 people is required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachr

SIGNATURE:

Daytime Phone #