

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000000106 1. Entity Name LAURENWOOD CORPORATION						FILED 05 JUN 24 AM 11:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 712 W JEFFERSON STREET BROOKSVILLE, FL 34601				Mailing Address 504 FIRST AVENUE SOUTH TIERRA VERDE, FL 33715			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 8054 Washington Street #107 Suite, Apt. #, etc. City & State Port Richey, FL Zip Country 34668 USA				06212005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3419745				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RATLEDGE, JERRY T 504 FIRST AVENUE SOUTH TIERRA VERDE, FL 33715				7. Name and Address of New Registered Agent Name Theresa Graham Street Address (P.O. Box Number is Not Acceptable) 8054 Washington Street, #107 City Port Richey FL Zip Code 34668			
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: <u><i>Theresa Graham</i></u> Theresa Graham 6/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS RATLEDGE, JERRY T <input checked="" type="checkbox"/> Delete 504 FIRST AVENUE SOUTH TIERRA VERDE, FL 33715			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HUNT, Harry 8054 Washington Street, #107 Port Richey, FL 34668 <input type="checkbox"/> Change <input type="checkbox"/> Addition 300056633123 06/29/05--01004--004 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete RATLEDGE, JEFF THOMAS 2809 WEST HILLS DRIVE MARYVILLE, TN 37803			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"/> Delete			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"/> Delete			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"/> Delete			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"/> Delete			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: <u><i>Harry Hunt</i></u> Harry Hunt, Pres. 6/22/05 (727) 534-9199 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							