2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 13, 2005
Secretary of State

DOCUMENT# P98000033269

Entity Name: L & R PUBLICATIONS, INC.

Current Principal Place of Business:

5111 S RIDGEWOOD AVE.
STE. 201
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 290966
PORT ORANGE, FL 321290966

New Mailing Address:

FEI Number: 59-3508676 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, EDWARD M
963 TRAIL TERRACE DR.
NAPLES, FL 34103 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KOLODLIK, RONALD W
Address: 170 DESKIN DRIVE
City-St-Zip: S. DAYTONA, FL 32119

Title: ST ( ) Delete
Name: KOLODZIK, LINDA J
Address: 170 DESKIN DRIVE
City-St-Zip: S. DAYTONA, FL 32119

Title: VP (X) Delete
Name: KOLODZIK, MATTHEW W
Address: 4665 GOLDEN APPLES TRAIL
City-St-Zip: PORT ORANGE, FL 32119

Title: VP (X) Delete
Name: HAMPTON, LORI J
Address: 229 SMOKY CROSSING WAY
City-St-Zip: KNOXVILLE, TN 37865

Title: VP (X) Delete
Name: COX, JULIE B
Address: 101 LAGOONVIEW CROSSING
City-St-Zip: SAVANNAH, GA 31410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KOLODZIK, RONALD W
Address: 170 DESKIN DRIVE
City-St-Zip: S. DAYTONA, FL 32119

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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: RONALD W. KOLODZIK P 09/13/2005

Electronic Signature of Signing Officer or Director — Date