

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000042432

Entity Name: LASER WIZARD, INC.

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2090 S. NOVA RD  
A106  
S. DAYTONA, FL 32119 US

**New Principal Place of Business:**

**Current Mailing Address:**

2090 S. NOVA RD  
A106  
S. DAYTONA, FL 32119 US

**New Mailing Address:**

FEI Number: 59-3508055

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALSH, JAMES K  
39 LEMON TWIST LN.  
PORT ORANGE, FL 32129 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: D  
Name: WALSH, JAMES K  
Address: 39 LEMON TWIST LN.  
City-St-Zip: PORT ORANGE, FL 32129

Title: D  
Name: WALSH, JENNIFER L  
Address: 39 LEMON TWIST LN.  
City-St-Zip: PORT ORANGE, FL 32129

I hereby 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 all other like empowered.

SIGNATURE: JAMES K WALSH

PRES

04/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date