2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000062314

1. Entity Name
LAUTEN CONSULTING INC.

Principal Place of Business	Mailing Address
1115 SHOREWOOD DR.	1115 SHOREWOOD DR.
ORLANDO, FL 32806	ORLANDO, FL 32806

DO NOT WRITE IN THIS SPACE

07302008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3520795	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAUTEN, SHELLEY W
1115 SHOREWOOD DR.
ORLANDO, FL 32806

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 7/31/08

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing — **$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

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

10.   OFFICERS AND DIRECTORS

TITLE	DPS
NAME	LAUTEN, SHELLEY W
STREET ADDRESS	1115 SHOREWOOD DR.
CITY-ST-ZIP	ORLANDO, FL 32806

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

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08/04/08-80003-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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: 7/31/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #