## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED May 01, 2006 08:00 AM Secretary of State **DOCUMENT # P98000089466** 1. Entity Name LAC MARINE CORP. Mailing Address Principal Place of Business 491/499 SOUTH FEDERAL HIGHWAY 491/499 SOUTH FEDERAL FIGHWAY POMPANO BEACH, FL 33062 . POMPANO BEACH, FL 33062 GB2E034 (11/05) 04282006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0898541 Not Application \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLAWGES, JOE DO NOT WRITE 491 S. FEDERAL HIGHWAY POMPANO BEACH, FL 33062 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. INOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CLAWGES, JOSEPH V 491/499 SOUTH FEDERAL HIGHWAY STREET ADDRESS COTY-ST-ZIP POMPANO BEACH, FL 33062 05/13/06-80110-006 150.00 SVT TITLE CLAWGES, LORI A NAME STREET ADDRESS 491/499 SOUTH FEDERAL HIGHWAY C/1Y-ST-79 POMPANO BEACH, FL 33062 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 gdy name appears in Block 10 or Block 11 if changed, or or an attachment with an address, with all otter like empowered. 914-512-400 JOSEPH V. CLAWGES SIGNATURE:

CITY-ST-ZIP