2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000090601

1. Entity Name

LUCIENNE'S HIGH FASHION INC.



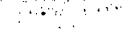
FILED May 09, 2006 8:00 am Secretary of State

05-09-2006 90068 005 ***150.00

Principal.	Place o	f Business
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304 STARMOUNT DR. TALLAHASSEE, FL 32303 Mailing Address

304 STARMOUNT DR. TALLAHASSEE, FL 32303





04282006

No Chg-P

CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicat

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LALANNE, LUCIENNE 304 STARMOUNT DR. TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

				IIN	THIS SPACE
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	D LALANNE, LUCIENNE 304 STARMOUNT DRIVE TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Luis Lalon

CITY-ST-ZIP