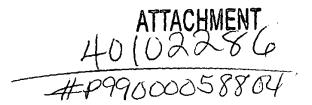
## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Aug 31, 2006 8:00 am Secretary of State **DOCUMENT # P99000058804** 08-31-2006 90003 010 \*\*\*150.00 1. Entity Name MISS LORI ANNE, INC. Principal Place of Business Mailing Address UULULLUU 4 SEA GULL AVE PO BOX 3058 VERO BEACH, FL 32964-3058 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07192006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 59-3584441 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name LONG, STEVEN C Street Address (P.O. Box Number is Not Acceptable) P.O. BOX 3058 4 SEA GULL AVE VERO BEACH, FL 32964 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 . $\square$ Trust Fund Contribution. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Defete TITLE Change ☐ Addition LONG, STEVEN C NAME NAME STREET ADDRESS 4 SEA GULL AVE STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE LONG, LORI A 4 SEA GULL AVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP VERO BEACH, FL 329643058 CITY-ST-ZIP ☐ Detete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 preside empowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment wit SIGNATURE: SIGNATURE A Daytime Phone #

FILED



## S. Craig Long

1 DON'T REGION. ALCEVING NOTICE

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