


\$550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 AUG 21 AM 7:39

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095502					
1. Entity Name LAZAAAN INVESTMENTS, INC.					
Principal Place of Business 24525 CR 44A EUSTIS, FL 32736		Mailing Address P O BOX 520 SORRENTO, FL 32776			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07112006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 59-3608864	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FORD, ALBERT E II 270 WAYMONT COURT SUITE 110 LAKE MARY, FL 32746			Name MARK CARSON		
			Street Address (P.O. Box Number is Not Acceptable)		
			24525 CR-44A		
			City EUSTIS FL Zip Code 32736		
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: <u>Mark R Carson</u> MARK R CARSON DIRECTOR 5-1-06					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARSON, MARK R	NAME	CARSON, MARK R		
STREET ADDRESS	270 WAYMONT CT #110	STREET ADDRESS	P.O. BOX 520		
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	SORRENTO FL 32776		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARSON, LEE ANN	NAME	CARSON, LEEANN		
STREET ADDRESS	270 WAYMONT CT #110	STREET ADDRESS	P.O. BOX 520		
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP	SORRENTO FL 32776		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME	600079213686		
STREET ADDRESS		STREET ADDRESS	08/29/06--01016--022		
CITY-ST-ZIP		CITY-ST-ZIP	**3711.25		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 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: <u>Mark R Carson</u> MARK R CARSON DIRECTOR		5-1-06		352 357 5780	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	