

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90114 022 ***150.00

DOCUMENT # V69476 1. Entity Name LATEST DAY, INC.			
Principal Place of Business BISCAYNE BUILDING, SUITE 907 19 WEST FLAGLER ST. MIAMI, FL 33130		Mailing Address BISCAYNE BUILDING, SUITE 907 19 WEST FLAGLER ST. MIAMI, FL 33130	
2. Principal Place of Business 506 Lander Rd		3. Mailing Address 506 Lander Rd	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
Zip 32792		Zip 32792	
Country USA		Country USA	
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOUBY, RICHARD BISCAYNE BUILDING 19 WEST FLAGLER ST. MIAMI, FL 33130		7. Name and Address of New Registered Agent Name NORMA J WAGNER Street Address (P.O. Box Number is Not Acceptable) 506 Lander Rd City WINTER PARK FL Zip Code 32792	
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><i>Norma J Wagner</i></u> DATE <u>4-27-05</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	D TOUBY, RICHARD 19 W. FLAGLER ST. MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WAGNER, NORMA J 506 LANDER RD WINTER PARK, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Norma J Wagner</i></u>		Date <u>4-27-05</u> Daytime Phone # <u>828-297-5511</u>	