


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F03000002741</b> 1. Entity Name <b>JOHNSON &amp; ST. LAWRENCE, INC.</b>	
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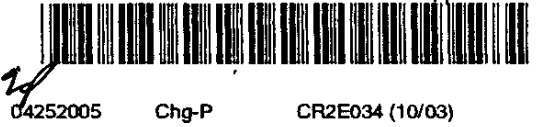
FILED

05 MAY -6 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>250 NORTH HARBOR DRIVE, SUITE 305 REDONDO BEACH, CA 90277</b>	Mailing Address <b>250 NORTH HARBOR DRIVE, SUITE 305 REDONDO BEACH, CA 90277</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>95-4666051</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
		Country



<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	200055572342 06/01/05--0033--008 ***61.25
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10. OFFICERS AND DIRECTORS		Delete
TITLE	PTCD	<input type="checkbox"/>
NAME	ST. LAWRENCE, MICHAEL	
STREET ADDRESS	1019 DIAMOND STREET	
CITY-ST-ZIP	REDONDO BEACH, CA 90277	
TITLE	V	<input type="checkbox"/>
NAME	LOWERY, BRIAN	
STREET ADDRESS	5226 E APPIAN WAY	
CITY-ST-ZIP	LONG BEACH, CA 90803	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	V/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	Greg A. Bortick		
STREET ADDRESS	7408 La Mantanza		
CITY-ST-ZIP	San Diego, CA 92127		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: *Brian Lowery*