



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91106		2. Name of Corporation LAMAJAK, INC.		
3. Street Address Principal Business Office 2145 Chenault Dr. #100		City Carrollton	State TX	Zip 75006
4. Business Phone No. 972-259-5000		5. State of Incorporation TEXAS		6. SIC Code 4630
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION AND MANAGEMENT OF GIFTICARD STORES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Theodore Hanson		Vice President Name		
Street Address 2145 Chenault Dr. #100		Street Address		
City Carrollton	State TX	Zip 75006	City State Zip	
Secretary Name John Cantrell		Treasurer Name		
Street Address 2145 Chenault Dr. #100		Street Address		
City Carrollton	State TX	Zip 75006	City State Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Theodore Hanson		Director Name Lemard Levin		
Street Address 2145 Chenault Dr. #100		Street Address 2145 Chenault Dr. #100		
City Carrollton	State TX	Zip 75006	City Carrollton	State TX
Director Name Michael Renzulli		Director Name		
Street Address 2145 Chenault Dr. #100		Street Address		
City Carrollton	State TX	Zip 75006	City State Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares 10,000,000 \$.10 PAR VALUE	Class/Series	Par Value	Number of Shares 8,082	Class/Series SH
				Par Value 0.1

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



91106

File Date 5/31/05
Check No. 149611
By: DA
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

John Cantrell 1/25/05
Signature of Officer Date
John Cantrell
Print or Type Name of Officer
CTO, Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 91106		2. Name of Corporation LAMAJAK, INC.			
3. Street Address Principal Business Office 2145 Chenault Dr. #100			City Carrollton	State TX	Zip 75006
4. Business Phone No. (972) 259-5000		5. State of Incorporation TEXAS		6. SIC Code 4630	
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION AND MANAGEMENT OF GIFT/CARD STORES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Theodore Hanson			Vice President Name		
Street Address 2145 Chenault Dr. #100			Street Address		
City Carrollton	State TX	Zip 75006	City	State	Zip
Secretary Name John Cantrell			Treasurer Name		
Street Address 2145 Chenault Dr. #100			Street Address		
City Carrollton	State TX	Zip 75006	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Theodore Hanson			Director Name Leonard Lavin		
Street Address 2145 Chenault Dr. #100			Street Address 2145 Chenault Dr. #100		
City Carrollton	State TX	Zip 75006	City Carrollton	State TX	Zip 75006
Director Name Michael Renzulli			Director Name		
Street Address 2145 Chenault Dr. #100			Street Address		
City Carrollton	State TX	Zip 75007	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000,000	\$.10 PAR VALUE		8,082	SHS	0.1

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 1 0 6 *

File Date 1-29-04
Check No. 118366
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X [Signature] 1/29/04
Signature of Officer Date
John Cantrell
Print or Type Name of Officer
CFO/Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **91106** 2. Name of Corporation **LAMAJAK, INC.**
3. Street Address Principal Business Office **2145 Chenault Dr. #100** City **Camollton** State **Tx** Zip **75007**
4. Business Phone No. **972-259-5000** 5. State of Incorporation **TEXAS** 6. SIC Code **4630**
7. Brief Description of the Character of Business Conducted in Rhode Island **Retail Gift Shop**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Michael Renzulli** Vice President Name **Theodore Hanson**
Street Address **4900 Windsor Ridge Drive** Street Address **873 Country Club Lane**
City **Irving** State **TX** Zip **75038** City **Northbrook** State **IL** Zip **60062**
Secretary Name **John Cantrell** Treasurer Name _____
Street Address _____ Street Address _____
City **Dallas** State **TX** Zip **75248** City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Theodore Hanson** Director Name **Michael Renzulli**
Street Address **873 Country Club Lane** Street Address **4900 Windsor Ridge Drive**
City **Northbrook** State **IL** Zip **60062** City **Irving** State **TX** Zip **75038**
Director Name **Leonard Levin** Director Name _____
Street Address **411 Lakeside Terrace** Street Address _____
City **Glencoe** State **IL** Zip **60022** City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
10,000,000 \$.10 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
8,082 SHS 0.1

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 1 0 6 *

File Date: **2.21.03**
Check No.: **91009**
By: **ICP**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X **John Cantrell** **2/15/03**
Signature of Officer Date
John Cantrell
Print or Type Name of Officer
CFO
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91106**
2. Name of Corporation **LAMAJAK, INC.**
3. Street Address Principal Business Office
2145 Chenault Dr #100
4. Business Phone No. **(972) 759-5000**
5. State of Incorporation **TEXAS**
7. Brief Description of the Character of Business Conducted in Rhode Island
Retail Gift Shops

City **Camollton** State **TX** Zip **75006**
6. SIC Code **4830**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Michael Renzulli**
Street Address **4400 Windsor Ridge Drive**
City **Irving** State **TX** Zip **75038**
Secretary Name **John Cantrell**
Street Address **15190 Prestonwood Blvd #321**
City **Dallas** State **TX** Zip **75248**

Vice President Name **Theodore Hanson**
Street Address **1985 Clover Drive**
City **Inverness** State **IL** Zip **60067**
Treasurer Name
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Theodore Hanson**
Street Address **1985 Clover Drive**
City **Inverness** State **IL** Zip **60067**
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
10,000,000 SHS \$.10 PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
10,776 SHS 0.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 1 0 6 *

File Date: 4-9-01
Check No.: 43267
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
X [Signature] 4/3/01
Signature of Officer Date
John Cantrell
Print of Name of Officer
CEO
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91106** 2. Name of Corporation **LAMAJAK, INC.**
3. Street Address Principal Business Office **2145 Chenault Dr. #100** City **Carrollton** State **TX** Zip **75006**
4. Business Phone No. **972-259-5000** 5. State of Incorporation **TEXAS** 6. SIC Code **4630**
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael Renzulli Street Address 4400 Windsor Ridge Drive City Irving State TX Zip 75031	Vice President Name Theodore Hanson Street Address 1985 Clover Drive City Inverness State IL Zip 60067
Secretary Name John Cantrell Street Address 15790 Prestonwood Blvd #221 City Dallas State TX Zip 75248	Treasurer Name Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Theodore Hanson Street Address 1985 Clover Drive City Inverness State IL Zip 60067	Director Name Leonard Lavin Street Address 411 Lakeside Terrace City Glenview State IL Zip 60022
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	10,000,000		\$.10 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	8,082	SHS	0.1

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 1 0 6 *

1-28-02

File Date: _____

62929

Check No.: _____

ac

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X *John Cantrell* 1/23/02
Signature of Officer Date

John Cantrell
Print or Type Name of Officer

CFO / Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91108		2. Name of Corporation LAMAJAK, INC.			
3. Street Address Principal Business Office 3226 Commander Dr. STE 100			City Carrollton	State TX	Zip 75006
4. Business Phone No. 972-248-4188		5. State of Incorporation TEXAS		6. SIC Code 4830	
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL GIFT ITEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael A. Cohen			Vice President Name Michael A. Cohen		
Street Address 14304 Hughes Lane			Street Address same		
City Dallas	State TX	Zip 75240	City	State	Zip
Secretary Name Michael A. Cohen			Treasurer Name Michael A. Cohen		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ted Hanson			Director Name Michael Renzuli		
Street Address 1985 Clover Dr.			Street Address 1505 Bonham Court		
City Inverness	State IL	Zip 60067	City Irving	State TX	Zip 75038
Director Name Leonard Lavin			Director Name none		
Street Address 411 Lakeside Terrace			Street Address		
City Glencoe	State IL	Zip 60022	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) []			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) []		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000,000 SHS	\$.10 PAR		10,776	SHS	.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

03-26-99

Check No.:

221004

By:

[Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

MICHAEL A. COHEN

PRESIDENT

3/4/99



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 91106		2. Name of Corporation LAMAJAK, INC.	
3. Street Address Principal Business Office 3226 Commander Dr. STE 100		City Carrollton	State TX
4. Business Phone No. 972-248-4188		5. State of Incorporation TEXAS	Zip 75006
6. SIC Code 4630			
7. Brief Description of the Character of Business Conducted in Rhode Island			

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Michael A. Cohen			Vice President Name Michael A. Cohen		
Street Address 14304 Hughes Lane			Street Address same		
City Dallas	State TX	Zip 75240	City	State	Zip
Secretary Name Michael A. Cohen			Treasurer Name Michael A. Cohen		
Street Address same			Street Address same		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ted Hanson			Director Name Michael Renzuli		
Street Address 1985 Clover Dr			Street Address 1505 Bonham Court		
City Inverness	State IL	Zip 60067	City Irving	State TX	Zip 75038
Director Name Leonard Lavin			Director Name none		
Street Address 411 Lakeside Terrace			Street Address		
City Glencoe	State IL	Zip 60022	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000,000 SHS	\$.10 PAR		10,776	SHS	.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 1 1 0 6 *

File Date: 3/24
Check No.: 7221
By: KCB

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 3/2/98

Michael A. Cohen
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **91106** 2. Name of Corporation **LAMAJAK, INC.**
3. Street Address Principal Business Office **3226 Commander Drive Suite 100** City **Carrollton** State **Texas** Zip **75006**
4. Business Phone No. **972-248-4188** 5. State of Incorporation **TEXAS** 6. SIC Code **4630**

7. Brief Description of the Character of Business Conducted in Rhode Island
Gift shop in hospitals

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Michael A. Cohen Street Address 3226 Commander Dr. Suite 100 City Carrollton State Texas Zip 75006 Secretary Name Michael A. Cohen Street Address 3226 Commander Dr. Suite 100 City Carrollton State Texas Zip 75006	Vice President Name none Street Address City State Zip Treasurer Name none Street Address City State Zip
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Michael A. Cohen Street Address 3226 Commander Dr. Suite 100 City Carrollton State Texas Zip 75006	Director Name Leonard H. Lavin Street Address 411 Lakeside Terrace City Glencoe State Illinois Zip 60022
Director Name Theodore E. Hanson Street Address 1985 Clover Drive City Inverness State Illinois Zip 60067	Director Name Michael H. Renzulli Street Address 1505 Bonham CT. City Irving State Texas Zip 75038

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares 10,000,000 SHS \$.10 PAR	ISSUED SHARES Number of Shares 10,776
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3.18.97
Check No.: S763
By: ICP

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 3-13-97
Print or Type Name of Officer: Michael Cohen
Title of Officer: President