


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2008 8:00 am
Secretary of State

06-17-2008 90001 008 ****61.25

DOCUMENT # 727457
1. Entity Name
LA MAISON Club INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
3450 GULF SHORE BLVD N

3. Mailing Address
3450 GULF SHORE BLVD N

Suite, Apt. #, etc.

City & State
NAPLES FL.

City & State
NAPLES FL

Zip
34103

Country
Collier

Zip
34103

Country
Collier

4. FEI Number
59-156-3262

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

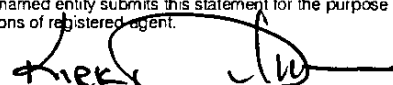
Name
KIRK ANDREWS

Street Address (P.O. Box Number is Not Acceptable)
3450 GULF SHORE BLVD N Apt 104

City
NAPLES

FL Zip Code
34103

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  DATE **6/12/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

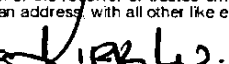
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Kirk Andrews 3450 GULF SHORE BLVD N Apt 104 NAPLES FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chair, ... Therese Savin
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Management Committee/Chairperson MAY JANE IC Cobi 3450 GULF SHORE BLVD N Apt 210
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY SHELLEY HOLT 3450 GULF SHORE BLVD N Apt 509
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR GRAEME BLADEL 3450 GULF SHORE BLVD N Apt 215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE  PRES. DATE **5/12/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR