2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004450

FILED Apr 30, 2009 Secretary of State

Entity Name: FEMINENZA NORTH AMERICA, INC.

Current Principal Place of Business:	New Principal Place of Business
Current Finicipal Flace of Business.	New Fillicipal Flace of Busiliess

1802 ANTIGUA ROAD 74 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461 WEST PALM BEACH, FL 33406

Current Mailing Address: New Mailing Address:

P.O. BOX 24381 74 SPRINGDALE CIRCLE FT. LAUDERDALE, FL 333074381 PALM SPRINGS, FL 33461

FEI Number: 32-0253743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOSTER, JOHN F 7108 FAIRWAY DRIVE, SUITE 200 PALM BEACH GARDEN, FL 33418 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition HAMILL, ELIZABETH HAMILL, ELIZABETH Name: Name: Address: 1802 ANTIGUA ROAD Address: 74 SPRINGDALE CIRCLE City-St-Zip: WEST PALM BEACH, FL 33406 D City-St-Zip: PALM SPRINGS, FL 33461 D

Title: () Delete Title: () Change () Addition

Name: LYELL, ELIZABETH Name: Address: 118 BOSTON ST., #B Address: City-St-Zip: SEATTLE, WA 98109 City-St-Zip:

Title: () Delete Title: () Change () Addition

MARCUS, LISA Name: Name: 10930 KING BAY DRIVE Address: Address: City-St-Zip: BOCA RATON, FL 33498 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH HAMILL D 04/30/2009