

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34110

FILED
Jan 04, 2007
Secretary of State

Entity Name: BONNET HOUSE, INC.

Current Principal Place of Business:

900 N BIRCH ROAD
FT LAUDERDALE, FL 333043326 US

New Principal Place of Business:

Current Mailing Address:

900 N BIRCH RD
FT LAUDERDALE, FL 33304 US

New Mailing Address:

FEI Number: 65-0161955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, SUSAN
900 N BIRCH RD
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: MARKS, WILLIAM
Address: 1100 E. LAS OLAS BLVD.
City-St-Zip: FT LAUDERDALE, FL 33301

Title: P () Delete
Name: STRAWBRIDGE, SCOTT
Address: 2031-C WILTON DRIVE
City-St-Zip: WILTON MANORS, FL 33305

Title: S () Delete
Name: WHITE, GENIE
Address: 200 EAST LAS OLAS BOULEVARD
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VP () Delete
Name: TAPP, THOMAS
Address: 2912 PORT ROYALE LANE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: BANKS, WALTER
Address: 1700 SOUTH OCEAN LANE
City-St-Zip: FT LAUDERDALE, FL 33316

Title: D () Delete
Name: LALLI, JOSEPH
Address: 1512 E BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSAN PARKER

MS.

01/04/2007

Electronic Signature of Signing Officer or Director

Date