


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90421 044 ****61.25

DOCUMENT # N94000002841

1. Entity Name
 THE FABULOUS FOOTNOTES, INC.



Principal Place of Business
 3500 N.W. ROYAL OAK DR
 JENSEN BEACH, FL 34957 US

Mailing Address
 3500 N.W. ROYAL OAK DR
 JENSEN BEACH, FL 34957 US

2. Principal Place of Business - No P.O. Box #
 3731 NE PINEAPPLE AVE.

3. Mailing Address
 3731 NE PINEAPPLE AVE.

(Suite) Apt. #, etc.
 C200

(Suite) Apt. #, etc.
 C200


City & State
 JENSEN BEACH, FL

City & State
 JENSEN BEACH, FL

Zip Country
 34957 U.S.A.

Zip Country
 34957 USA

400000



04052007 Chg-NP CR2E037 (12/06)

4. FEI Number
 65-0501974

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DOSS, RENEE
 3500 N.W. ROYAL OAK DR
 JENSEN BEACH, FL 34957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 3731 NE PINEAPPLE AVE.

SUITE C200

City
 JENSEN BEACH, FL Zip Code
 34957

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

Filing Fee is \$61.25
Due by May 1, 2007

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	OWNE	<input type="checkbox"/> Delete
NAME	DOSS, RENEE	
STREET ADDRESS	3500 N.W. ROYAL OAK DR	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTTRAM, JEFF	
STREET ADDRESS	120 INTERNATIONAL PWY 120	
CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELD, LISA	
STREET ADDRESS	85 S. RIVER RD	
CITY-ST-ZIP	STUART, FL 34996	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3731 NE PINEAPPLE AVE. - SUITE C200	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 COLONIAL CENTER PARKWAY, SUITE 130	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Renée M. Doss 4/25/07 772-692-7800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #