


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90224 028 \*\*\*\*61.25

<b>DOCUMENT # 706669</b> 1. Entity Name <b>FLEUR-DE-LIS, INC.</b>					
Principal Place of Business #1 NO. GOLFVIEW DR. APT 402 LAKE WORTH, FL 33460			Mailing Address #1 NO. GOLFVIEW DR. LAKE WORTH, FL 33460		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1003399</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SMILEY, WILLIAM</b> <b>1 NORTH GOLFVIEW DR APT 402</b> <b>LAKE WORTH, FL 33460</b>				7. Name and Address of New Registered Agent Name <b>WADDEN, MICHAEL F</b> Street Address (P.O. Box Number is Not Acceptable) <b>1 N GOLFVIEW RD APT 603</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33460</b>	
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 <u>Michael F. Wadden</u> <b>MICHAEL F WADDEN TREASURER 4/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WADDEN, MICHAEL 1 NORTH GOLF VIEW, # 602/603 LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIP PARKER 1 N GOLFVIEW RD # 302 LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELDY, JOANNE 1 N GOLFVIEW # 501 LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAY GREENE 1 N GOLFVIEW RD APT 205 LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREENE, JAY 1 N GOLFVIEW, APT 205 LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAEL WADDEN 1 N GOLFVIEW RD APT 603 LAKE WORTH, FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMILEY, WILLIAM 1 N GOLFVIEW # 402 LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN GIBNEY 76 POND ST. METHUEN, MA. 01844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, SUSAN 1 N GOLFVIEW, APT 501 LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	    	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEMINO, DALE 1 N GOLFVIEW, # 503 LAKE WORTH, FL 33460		TITLE 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.					
<b>SIGNATURE:</b> <u>Michael F. Wadden</u> <b>MICHAEL F WADDEN 4/12/07 561 533 8085</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					