

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000101368

FILED
Mar 24, 2009
Secretary of State

Entity Name: SERENITY INVESTMENT AND SERVICES CORP

Current Principal Place of Business:

11102 AVERY OAKS DRIVE
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

11102 AVERY OAKS DRIVE
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 26-0887194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHABRIER, ROBERT L
11102 AVERY OAKS DRIVE
TAMPA, FL 33625 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHABRIER, ROBERT L
Address: 11102 AVERY OAKS DRIVE
City-St-Zip: TAMPA, FL 33625 US

Title: VP () Delete
Name: CHABRIER, LINDA
Address: 11102 AVERY OAKS DRIVE
City-St-Zip: TAMPA, FL 33625 US

Title: M () Delete
Name: CHABRIER, LOUIS
Address: 11102 AVERY OAKS DRIVE
City-St-Zip: TAMPA, FL 33625 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: CHABRIER, LINDA
Address: 287 PORTO VECCHIO WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: M (X) Change () Addition
Name: CHABRIER, LOUIS
Address: 234 CAUSEWAY STREET, APT. 903
City-St-Zip: BOSTON, MA 02114 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CHABRIER

P

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date