

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 278923

FILED
Apr 28, 2006
Secretary of State

Entity Name: MAISON LE CEL INC

Current Principal Place of Business:

176 EGLIN PARKWAY NE
FT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

176 EGLIN PARKWAY NE
FT WALTON BEACH, FL 32548 US

New Mailing Address:

FEI Number: 59-1051754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG-LILLIE, CELESTE
212 HOLMES BLVD
FT WALTON BCH, FL 32548 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: PD () Delete
Name: LONG-LILLIE, CELESTE,
Address: 212 HOLMES BLVD
City-St-Zip: FT. WALTON BCH, FL 32548

Title: TD () Delete
Name: LILLIE, CHARLES,
Address: 212 HOLMES BLVD
City-St-Zip: FT. WALTON BCH, FL 32548

Title: SD () Delete
Name: SCHATTNER, ELIZABETH,
Address: 924 HOLBROOK CIRCLE
City-St-Zip: FT. WALTON BCH, FL 32547

Title: D () Delete
Name: TAYLOR, LENA,
Address: 332 SUDDUTH CIRCLE
City-St-Zip: FT. WALTON BCH, FL 32548

Title: D () Delete
Name: JOHNSON, CYNTHIA R
Address: 1648 CASSINGHAM CIR.
City-St-Zip: OCOEE, FL 34761

Title: VD (X) Delete
Name: RUSCETTA, SUSAN K
Address: 122 EAGLE DR
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change () Addition
Name: NEAL, RANDY,
Address: 744 VINTAGE CIR.
City-St-Zip: DESTIN, FL 32541

Title: SD (X) Change () Addition
Name: RUSCETTA, SUSAN,
Address: 122 EAGLE CT.
City-St-Zip: CRESTVIEW, FL 32539

Title: D (X) Change () Addition
Name: JOHNSON, CYNTHIA,
Address: 1648 CASSINGHAM CIR.
City-St-Zip: OCOEE, FL 34761

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

SIGNATURE: SUSAN K. RUSCETTA

SD

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date