


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 706669 1. Entity Name FLEUR-DE-LIS, INC.			
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 # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		02282007 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-1003399	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMILEY, WILLIAM 1 NORTH GOLFVIEW DR APT 402 LAKE WORTH, FL 33460		7. Name and Address of New Registered Agent Name WADDEN, MICHAEL F Street Address (P.O. Box Number is Not Acceptable) 1 N GOLFVIEW RD APT 603 City LAKE WORTH FL Zip Code 33460	
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 <i>Michael F. Wadden</i> MICHAEL F WADDEN TREASURER 4/12/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP NAME WADDEN, MICHAEL STREET ADDRESS 1 NORTH GOLF VIEW, # 602/603 CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE PD NAME CHIP PARKER STREET ADDRESS 1 N GOLFVIEW RD # 302 CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME WELDY, JOANNE STREET ADDRESS 1 N GOLFVIEW # 501 CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE VPD NAME JAY GREENE STREET ADDRESS 1 N GOLFVIEW RD APT 205 CITY-ST-ZIP LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME GREENE, JAY STREET ADDRESS 1 N GOLFVIEW, APT 205 CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE TD NAME MICHAEL WADDEN STREET ADDRESS 1 N GOLFVIEW RD APT 603 CITY-ST-ZIP LAKE WORTH, FL, 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SMILEY, WILLIAM STREET ADDRESS 1 N GOLFVIEW # 402 CITY-ST-ZIP LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete	TITLE D NAME JOHN GIBNEY STREET ADDRESS 76 POND ST. CITY-ST-ZIP METHUEN, MA, 01844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME KENT, SUSAN STREET ADDRESS 1 N GOLFVIEW, APT 501 CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SALEMINO, DALE STREET ADDRESS 1 N GOLFVIEW, # 503 CITY-ST-ZIP LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Michael F. Wadden</i> MICHAEL F WADDEN		Date 4/12/07 Daytime Phone # 561 533 8085	