

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# 706669

Entity Name: FLEUR-DE-LIS, INC.

Current Principal Place of Business:

#1 NO. GOLFFVIEW DR.
APT 402
LAKE WORTH, FL 33460

Current Mailing Address:

#1 NO. GOLFFVIEW DR.
LAKE WORTH, FL 33460

New Principal Place of Business:

#1 NO. GOLFFVIEW DR.
APT 603
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1003399 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADDEN, MICHAEL
1 NORTH GOLFFVIEW DR APT 603
LAKE WORTH, FL 33460 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

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WADDEN, MICHAEL
Address: 1 NORTH GOLFFVIEW, # 602/603
City-St-Zip: LAKE WORTH, FL 33460

Title: SD () Delete
Name: WELDY, JOANNE
Address: 1 N GOLFFVIEW # 501
City-St-Zip: LAKE WORTH, FL 33460

Title: P () Delete
Name: GREENE, JAY
Address: 1 N GOLFFVIEW, APT 205
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: GIBNEY, JOHN
Address: 76 POND ST
City-St-Zip: METHEUN, MA 08144

Title: D () Delete
Name: KENT, SUSAN
Address: 1 N GOLFFVIEW, APT 501
City-St-Zip: LAKE WORTH, FL 33460

Title: D () Delete
Name: SALEMINO, DALE
Address: 1 N GOLFFVIEW, # 503
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change () Addition
Name: WADDEN, MICHAEL
Address: 1 NORTH GOLFFVIEW, # 602/603
City-St-Zip: LAKE WORTH, FL 33460

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

Title: P (X) Change () Addition
Name: PARKER, CLIFFORD
Address: 1 N GOLFFVIEW, APT 302
City-St-Zip: LAKE WORTH, FL 33460

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

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

Title: D (X) Change () Addition
Name: SALEMINO, DALE
Address: 1 N GOLFFVIEW, # 503
City-St-Zip: LAKE WORTH, FL 33460

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

SIGNATURE: MICHAEL WADDEN

TR

04/28/2008

Electronic Signature of Signing Officer or Director

Date