

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724253

FILED
Mar 27, 2008
Secretary of State

Entity Name: BEAU MONDE, INC.

Current Principal Place of Business:

4950 GULF BLVD
ST PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

4950 GULF BLVD
ST PETE BEACH, FL 33706

New Mailing Address:

FEI Number: 59-1981601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEARSE, PAUL W.
4950 GULF BLVD.
ST. PETE BEACH, FL 33706 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: SD () Delete
Name: KEELEAN, BOB
Address: 4950 GULF BLVD
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: VPD () Delete
Name: WARD, MARILYN
Address: 4950 GULF BLVD
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D () Delete
Name: DEVALE, CAROLINE
Address: 4950 GULF BLVD
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: DT () Delete
Name: HURLEY, FRANK JR
Address: 4950 GULF BLVD
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: D () Delete
Name: SCHOLL, ANN
Address: 4950 GULF BLVD
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: PD () Delete
Name: JOHNSON, DAN
Address: 4950 GULF BLVD
City-St-Zip: SAINT PETERSBURG, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: PB

Electronic Signature of Signing Officer or Director

RA

03/27/2008

Date