2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 812137

Entity Name: THE VERSAILLES INC.

Current Principal Place of Business:

215 N. BIRCH ROAD
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

215 N. BIRCH ROAD
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 59-0896628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIMENES, ATILANO
215 N. BIRCH RD #10 C&D
FT. LAUDERDALE, FL 33304 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: S ( ) Delete
Name: ZOLCOVER, WUB
Address: 215 N BIRCH RD #3-A
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: P ( ) Delete
Name: GIMENES, ATILANO
Address: 215 N BIRCH RD #10 C&D
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VP ( ) Delete
Name: AMBROSIO, ANDREW
Address: 215 N BIRCH RD #7-A
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: T ( ) Delete
Name: HOGAN, MARCIA
Address: 215 N BIRCH RD #2-D
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MAL ( ) Delete
Name: HOLLAND, RANDY
Address: 215 N BIRCH RD #2-A
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: ZOLCOVER, WIN
Address: 215 N BIRCH RD #3-A
City-St-Zip: FORT LAUDERDALE, FL 33304

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: ATILANO GIMENES PRES 02/24/2009

Electronic Signature of Signing Officer or Director — Date