

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# F05000003814

Entity Name: JELLCLE INVESTORS INC.

Current Principal Place of Business:

5 KIMBERLY TERRACE
LYNNFIELD, MA 01940

New Principal Place of Business:

Current Mailing Address:

5 KIMBERLY TERRACE
LYNNFIELD, MA 01940

New Mailing Address:

FEI Number: 02-0429352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHUSSEL, GEORGE
35 DRIFTWOOD DRIVE
KEY WEST, FL 330406216 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: DPS () Delete
Name: SCHUSSEL, GEORGE
Address: 35 DRIFTWOOD DRIVE
City-St-Zip: KEY WEST, FL 33040

Title: DT () Delete
Name: SCHUSSEL, SANDRA
Address: 5 KIMBERLY TERRACE
City-St-Zip: LYNNFIELD, MA 01940

Title: VP () Delete
Name: SCHUSSEL, SANDRA
Address: 5 KIMBERLY TERRACE
City-St-Zip: LYNNFIELD, MA 01940

Title: AT () Delete
Name: SCHUSSEL, STACEY
Address: 5 KIMBERLY TERRACE
City-St-Zip: LYNNFIELD, MA 01940

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: AT (X) Change () Addition
Name: SCHUSSEL GRIFFIN, STACEY
Address: 5 APPLE HILL LANE
City-St-Zip: LYNNFIELD, MA 01940

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

SIGNATURE: SANDRA SCHUSSEL

VP

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date