2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# F05000005374

Entity Name: THE APPLIQUE SOCIETY CORP.

Current Principal Place of Business:

2336 KITCHEN DICK RD.
SEQUIM, WA

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 89
SEQUIM, WA 983020089

New Mailing Address:

FEI Number: 91-1850449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROOKER, LAURA J
2905 BAYSHORE COURT
TAMPA, FL 33611 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: P ( ) Delete
Name: PRICE, JAYDEE
Address: 2336 KITCHEN DICK RD
City-St-Zip: SEQUIM, WA 983829515

Title: V ( ) Delete
Name: BILOW, LORETTA
Address: 60 LETHA LANE
City-St-Zip: SEQUIM, WA 083826906

Title: S ( ) Delete
Name: BARTOSEWCZ, CINDY
Address: 1549 KING HILL ROAD
City-St-Zip: READSBORO, VT 053509615

Title: T ( ) Delete
Name: BOND, ANNE S
Address: 2136 SHOREHAM RD
City-St-Zip: COLUMBUS, OH 43220

Title: V ( ) Delete
Name: GOLDSMITH, MAUREEN
Address: 45295 STIRLING AVE CHILLIWACK, DC
City-St-Zip: V2R 2M7 CANADA,

Title: D ( ) Delete
Name: CARTER, MILDRED
Address: 3200 WILDERNESS ROAD
City-St-Zip: BRYAN, TX 77807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: BILOW, LORETTA
Address: 60 LETHA LANE
City-St-Zip: SEQUIM, WA 983826906

Title: S (X) Change ( ) Addition
Name: BAKER, CINDY
Address: 6294 W. 96TH ST.
City-St-Zip: ZIONSVILLE, IN 460779302 US

Title: T (X) Change ( ) Addition
Name: BOND, ANNE S
Address: 2136 SHOREHAM RD
City-St-Zip: COLUMBUS, OH 432204753

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: ANNE S BOND T 04/28/2008
Electronic Signature of Signing Officer or Director — Date