

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006128

Entity Name: PASTICHE INC.

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

2711 CENTERVILLE ROAD
SUITE 400
WILMINGTON, DE 19808 US

New Principal Place of Business:

15 W LOOKERMAN STREET
BOX 841
DOVER, DE 19904 US

Current Mailing Address:

115 EDMOR RD
WEST PALM BEACH, FL 33405 US

New Mailing Address:

FEI Number: 37-1557058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, JENNIFER
115 EDMOR RD
WEST PALM BEACH, FL 33405 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPVS () Delete
Name: KELLEY, LYNN R
Address: 23 RUE D' ARCOLE
City-St-Zip: 75004 PARIS, FRANCE, XX 75004 FR

Title: T () Delete
Name: KELLEY, LYNN R
Address: 23 RUE D' ARCOLE
City-St-Zip: 75004 PARIS, FRANCE, XX 75004 FR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: LYNN R KELLEY

CPVS

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date