

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003064

FILED
Apr 13, 2009
Secretary of State

Entity Name: NOLET SPIRITS U.S.A., INC.

Current Principal Place of Business:

30 JOURNEY
ALISO VIEJO, CA 92656

New Principal Place of Business:

Current Mailing Address:

30 JOURNEY
ALISO VIEJO, CA 92656

New Mailing Address:

FEI Number: 88-0341090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 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: DP () Delete
Name: ELDIEN, WILLIAM L
Address: 30 JOURNEY
City-St-Zip: ALISO VIEJO, CA 92656

Title: DVST () Delete
Name: NOLET, CAROLUS H.J. JR.
Address: 30 JOURNEY
City-St-Zip: ALISO VIEJO, CA 92656

Title: CD () Delete
Name: NOLET, CARL H SR.
Address: 30 JOURNEY
City-St-Zip: ALISO VIEJO, CA 92656

Title: D () Delete
Name: NOLET, BOB
Address: 30 JOURNEY
City-St-Zip: ALISO VIEJO, CA 92656

Title: D () Delete
Name: IJFF, JAN
Address: 30 JOURNEY
City-St-Zip: ALISO VIEJO, CA 92656

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:

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: JIM DICKMAN

_____ Electronic Signature of Signing Officer or Director

CONT

04/13/2009

_____ Date