2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007624

FILED Mar 20, 2007 Secretary of State

Entity Name: DRESS FOR SUCCESS OF LEE COUNTY, FLORIDA, INC.

	rincipal Place of Business:	New Principal Place of Business:
1400 COLO SUITE 23	DNIAL BLVD	
	ERS, FL 33907	
Current M	ailing Address:	New Mailing Address:
SUITE 23	DNIAL BLVD ERS, FL 33907	
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
2075 W. F SUITE 100 FT MYERS	S, FL 33901 US	
	named entity submits this statement for the of Florida.	ne purpose of changing its registered office or registered agent, or both,
SIGNATUF	RE:	
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () Delete MERCADO, ROGER JR 1252 CARLENE AVE FORT MYERS, FL 33901	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address:	VD () Delete SHAW, MARCY 4427 S.E.16TH PLACE, SUITE 2 CAPE CORAL, FL 33904	Title: VD (X) Change () Addition Name: SHAW, MARCY Address: 2735 SANTA BARBARA BLVD #201 City-St-Zip: CAPE CORAL, FL 33914
		Oky 60 2.p. 674 2 6617 (2.7.2.6661)
City-St-Zip: Title: Name: Address: City-St-Zip:	TD () Delete CURRY, ORV 13515 BELL TOWER DRIVE FT MYERS, FL 33907	Title: () Change () Addition Name: Address: City-St-Zip:
City-St-Zip: Title: Name: Address:	CURRY, ORV 13515 BELL TOWER DRIVE	Title: () Change () Addition Name: Address:
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	CURRY, ORV 13515 BELL TOWER DRIVE FT MYERS, FL 33907 D () Delete HOLTON, GAIL 2285 FIRST STREET	Title: () Change () Addition Name: Address: City-St-Zip: Title: D (X) Change () Addition Name: MORGAN, FREDERICK Address: PO BOX 61915

I hereby certify that the information supplied with this filing does not qualify for the 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: ROGER MERCADO PD 03/20/2007