2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# N02000005391

Entity Name: D'LESS, INC.

Current Principal Place of Business:

108 SUNSET DRIVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

108 SUNSET DRIVE
LONGWOOD, FL 32750

New Mailing Address:

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

Name and Address of Current Registered Agent:

FREEDLAND, DEANNE
108 SUNSET DRIVE
LONGWOOD, FL 32750 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:	PD	( ) Delete
Name:	FREEDLAND, DEANNE	
Address:	108 SUNSET DR	
City-St-Zip:	LONGWOOD, FL 32750	
Title:	VPD	( ) Delete
Name:	BURFIELD, LINDA	
Address:	4871 CYPRESS WOODS DR	
City-St-Zip:	ORLANDO, FL 32811	
Title:	SD	( ) Delete
Name:	LEVINE, ELLEN	
Address:	1162 MAPIMI CT	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	TD	( ) Delete
Name:	KOLESSAR, SHERYL	
Address:	885 SUMMIT GREENS BLVD	
City-St-Zip:	CLERMONT, FL 34711	
Title:	COOD	( ) Delete
Name:	REEVES, SUZANNE	
Address:	871 CYNTHIANNA CIR	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	

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 for the exemption stated in Section 119.07(3)(i), 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: DEANNE FREEDLAND PD 01/19/2004
Electronic Signature of Signing Officer or Director — Date