

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005391

FILED
Jan 25, 2009
Secretary of State

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: 25007 LAUREL VALLEY ROAD
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: LEVINE, ELLEN
Address: 15319 HAYWORTH DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

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 CYNTHIANA 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 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: DEANNE FREEDLAND

PD

01/25/2009

Electronic Signature of Signing Officer or Director

Date