


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90074 039 *****70.00

DOCUMENT # N02000006237 1. Entity Name ST. PAUL DE LA CROIX, INC.					
Principal Place of Business 8237 GRANADA BLVD ORLANDO, FL 32836			Mailing Address 25 C COLLEGE AVE W RUSKIN, FL 33570		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 8237 GRANADA BLVD Suite, Apt. #, etc. 0			
City & State City: ORLANDO State: FL		4. FEI Number 14-1843002		Applied For <input type="checkbox"/> Not Applicable	
Zip 32836	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01162008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent LUU, THERESA S 8237 GRANADA BLVD. ORLANDO, FL 32836			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Theresa S. Luu</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>				DATE <u>3-7-2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME FOALE, JEFFERIES J STREET ADDRESS 153-50 PHU THO HOA CITY-ST-ZIP Q TAN PHU TPHOCHIMINH, VN	<input type="checkbox"/> Delete		TITLE D NAME D STREET ADDRESS 15 CROSS RD ST PAUL RETREAT CITY-ST-ZIP GLEN OSMOND AUSTRALIA 5064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME LUU, THERESA SANG STREET ADDRESS 8237 GRANADA BLVD CITY-ST-ZIP ORLANDO, FL 32836	<input type="checkbox"/> Delete		TITLE PD NAME PD STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GRIMES, JORDAN K STREET ADDRESS 5700 NORTH HARLEM AVE CITY-ST-ZIP CHICAGO, IL 60631	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SCHORK, JOHN STREET ADDRESS 5700 NORTH HARLEM AVE. CITY-ST-ZIP CHICAGO, IL 60631	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VPD NAME ANTOINE PHI LUU STREET ADDRESS 156/50 PHU THO HOA CITY-ST-ZIP HO CH MINH VIETNAM	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Theresa S. Luu</i></u> PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3-7-2008</u> Daytime Phone #	

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