

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006740

FILED
May 08, 2009
Secretary of State

Entity Name: EUROPE HOUSE, INC.

Current Principal Place of Business:

1531 N.E. 63RD ST.
FT. LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

1531 N.E. 63RD ST.
FT. LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 54-2081361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BIRKEGREN, SEFIKA M
1531 N.E. 63RD ST.
FT. LAUDERDALE, FL 33334 US

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: P/D () Delete
Name: BIRKEGREN, SEFIKA M
Address: 1531 N.E. 63RD ST.
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: D () Delete
Name: GHERALIA, GABRIELA D
Address: 23247 BARWOOD LANE NORTH #108
City-St-Zip: BOCA RATON, FL 33428

Title: D/C () Delete
Name: MORREN, JAN F
Address: 2345 CUTLER RD
City-St-Zip: CUTLER, ME 04626

Title: D (X) Delete
Name: HAMM, CAROLYN
Address: 242 MILLER STREET
City-St-Zip: BANGOR, ME 04402

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:

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: JAN F. MORREN

D

05/08/2009

Electronic Signature of Signing Officer or Director

Date