2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N02000009380

Entity Name: LEGLISE DE DIEU DES PREMICES, INC.

Current Principal Place of Business:

206 W 131ST AVE
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

4405 TUNA DR
TAMPA, FL 33617

New Mailing Address:

FEI Number: 57-1144018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEREBOURS, JOSEPH W
4405 TUNA DR
TAMPA, FL 33603 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: LEREBOURS, JOSEPH W
Address: 4405 TUNA DRIVE
City-St-Zip: TAMPA, FL 33617

Title: TD ( ) Delete
Name: VERNET, JOHN
Address: 1211 HOLMES AVE
City-St-Zip: TAMPA, FL 33605

Title: SD ( ) Delete
Name: LEREBOURS, JUDITH
Address: 4405 TUNA DRIVE
City-St-Zip: TAMPA, FL 33617

Title: AD ( ) Delete
Name: HENRILUS, ANIQUE
Address: 4911 RIVER VISTA COURT #11B
City-St-Zip: TAMPA, FL 33617

Title: AD ( ) Delete
Name: ULIS, MICHEL
Address: 905 WESTMORE AVE
City-St-Zip: BRANDON, FL 33510

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 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: JOSEPH W. LEREBOURS PD 04/25/2006

Electronic Signature of Signing Officer or Director — Date