2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000337

FILED Feb 02, 2009 Secretary of State

Entity Name: KREWE OF LES BELLES FEMMES, INC. **Current Principal Place of Business: New Principal Place of Business:** 4506 NETHERWOOD DRIVE 6101 BAY CLUB CT. TAMPA, FL 33624 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 4506 NETHERWOOD DRIVE 6101 BAY CLUB CT. TAMPA, FL 33624 TAMPA, FL 33607 FEI Number: 57-1148352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SZEMEREDY, PETRA BROWN, TANYA 6101 BAY CLUB CT. 4506 NETHERWOOD DRIVE TAMPA, FL 33607 US TAMPA, FL 33624 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: TANYA BROWN 02/02/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KING. SUSAN Name: Name: 16801 ASHWOOD DRIVE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: SMITH, NORA LEE Name: Address: 16130 COUNTRY CROSSING DRIVE Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: (X) Change () Addition SZEMEREDY, PETRA Name: BROWN, TANYA Name: 4506 NETHERWOOD DRIVE Address: Address: 6101 BAY CLUB CT. City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33607 () Delete Title: VΡ Title: () Change () Addition Name: SMITH, PAT Name: 2507 WHISPER LANE Address: Address: City-St-Zip: VALRICO, FL 33594 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: TANYA BROWN TD 02/02/2009