

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007721

FILED  
May 29, 2006  
Secretary of State

Entity Name: MAISON DE RECONFORT INC.

## Current Principal Place of Business:

5376 SILVER STAR RD  
ORLANDO, FL 32818

## New Principal Place of Business:

## Current Mailing Address:

4908 LABRADOR LANE  
ORLANDO, FL 32818

## New Mailing Address:

FEI Number: 56-2473451      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:

CHARLES, RAOUL  
5376 SILVER STAR RD.  
ORLANDO, FL 32808      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: C      ( ) Delete  
Name: DUCNER, VILNE  
Address: 2241 WAUTOMA PLACE  
City-St-Zip: ORLANDO, FL 32818

Title: D      ( ) Delete  
Name: NOEL, PAULICOEUR  
Address: 2840 ST CLAIR CT.  
City-St-Zip: ORLANDO, FL 328183065

Title: P      ( ) Delete  
Name: CHARLES, RAOUL  
Address: 4908 LABRADOR LANE  
City-St-Zip: ORLANDO, FL 32818

Title: VP      ( ) Delete  
Name: CHARLES, MARIE ADELIN  
Address: 4908 LABRADOR LANE  
City-St-Zip: ORLANDO, FL 32818

Title: S      ( ) Delete  
Name: ALEXANDRE, CAROLLE  
Address: 4908 LABRADOR LANE  
City-St-Zip: ORLANDO, FL 32818

## 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: VILNE DUCNER

C

05/29/2006

Electronic Signature of Signing Officer or Director

Date