

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N03000007721

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: D () Delete
Name: WILNEL, TELSAIN
Address: 365 MARLOT DRIVE
City-St-Zip: OCOEE, FL 34761

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

Title: D () Delete
Name: BENJAMIN, ERNEST
Address: 2868 SILVERRIDGE DRIVE
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 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: RAOUL CHARLES

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date