

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N05000006403

Entity Name: ETIQUETTE LESSONS FOUNDATION, INC.

**Current Principal Place of Business:**

7143 STATE ROAD 54 NO 215  
NEW PORT RICHEY, FL 346536104

**New Principal Place of Business:**

1536 CROSSVINE COURT  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

7143 STATE ROAD 54 NO 215  
NEW PORT RICHEY, FL 346536104

**New Mailing Address:**

FEI Number: 20-3077169      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REILLY, TERESA K  
7143 STATE ROAD 54 NO 215  
NEW PORT RICHEY, FL 346536104 US

**Name and Address of New Registered Agent:**

REILLY, TERESA K  
1536 CROSSVINE COURT  
NEW PORT RICHEY, FL 34655 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: \_\_\_\_\_ 04/27/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: MGRM ( ) Delete  
Name: REILLY, TERESA K  
Address: 7143 STATE ROAD 54 NO 215  
City-St-Zip: NEW PORT RICHEY, FL 346536104

Title: MGRM ( ) Delete  
Name: REILLY, HAROLD L  
Address: 7143 SR 54 215  
City-St-Zip: NEW PORT RICHEY, FL 346536104

Title: MGRM ( ) Delete  
Name: REILLY, ROSE L  
Address: 7143 SR 54 #215  
City-St-Zip: NEW PORT RICHEY, FL 346536104

**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:

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: TERESA K REILLY      MGRM      04/27/2009  
Electronic Signature of Signing Officer or Director      Date