2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008864

Current Principal Place of Business:

Entity Name: IVY TEA ROSE, INCORPORATED

FILED Jun 17, 2009 Secretary of State

3705 S. LAKE ORLANDO PKWY #9	5695 BERWOOD DR ORLANDO, FL 32810	US	
ORLANDO, FL 32808 US	*		
Current Mailing Address:	New Mailing Address:		
PO BOX 940808 MAITLAND, FL 32794	P.O. BOX 940808 ORLANDO, FL 32794		
FEI Number: 36-3201839 FEI Number Applied In accordance with s. 607.193(2)(b), F.S., the corpor		Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of		New Registered Agent:	
DICKENSON, DENISE	LYTE-JOHNSON, VIVIAI	LYTE-JOHNSON, VIVIAN	

3705 S. LAKE ORLANDO PKWY 5695 BERWOOD DR #9 ORLANDO, FL 32808 US 5695 BERWOOD DR

ORLANDO, 1 L 32000 03

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: VIVIAN LYTE-JOHNSON 06/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

(X) Change () Addition () Delete HENRY, CYNTHIA LYTE-JOHNSON, VIVIAN Name: Name: Address: 9001 GREENBROOK CT. Address: 5695 BERWOOD DR City-St-Zip: ORLANDO, FL 32810 US City-St-Zip: ORLANDO, FL 32810 US Title: () Delete Title: (X) Change () Addition THORNTON-TAYLOR, MICHELLE Name: AIKENS, TAMIKO Name: Address: 518 WILTON CIRCLE Address: 1409 HIDDEN MEADOW WAY City-St-Zip: SANFORD, FL 32773 US City-St-Zip: APOPKA, FL 32712 US Title: () Delete Title: (X) Change () Addition LYTE-JOHNSON, VIVIAN Name: ANDERSON, JOANN Name: 5695 BERWOD DR. 304 CAPEN Address: Address: City-St-Zip: ORLANDO, FL 32810 US City-St-Zip: WINTER PARK, FL 32789 US Title: () Delete Title: (X) Change () Addition Name: FRY, MARNITA Name: JOHNSON, CHERYL 6215 TALARIA DRIVE P.O. BOX 682312 Address: Address: City-St-Zip: WINDEMERE, FL 34786 US City-St-Zip: ORLANDO, FL 32868 US Title: () Delete Title: () Change () Addition DICKENSON, DENISE Name: Name: 3705 S. LAKE ORLANDOPARKWAY #9 Address: Address: City-St-Zip: ORLANDO, FL 32808 US City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SMITH, SANDRA
 Name:

 Address:
 4121 S. LAKE ORLANDO PKWY
 Address:

 City-St-Zip:
 ORLANDO, FL 32808 US
 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: VIVIAN LYTE-JOHNSON O 06/17/2009