


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90859 045 ****61.25

DOCUMENT # N06000001578		
1. Entity Name RESECTABLE LODGE PARFAITE HARMONIE INC		

Principal Place of Business 12720 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	Mailing Address 12720 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837
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2. Principal Place of Business - No P.O. Box # 11761 South Orange	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc. Blossom trail suite B	Suite, Apt. #, etc.
City & State Orlando FL	City & State
Zip 32837	Country Orange

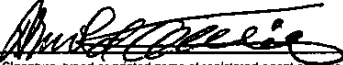
40034130



04202007 Chg-NP CR2E037 (12/06)

4. FEI Number 41-2207695	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HECTOR, THEVENOT 12720 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837	
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7. Name and Address of New Registered Agent Name ARNOLD Celeste Street Address (P.O. Box Number is Not Acceptable) 1555 Royal Circle City APOKA FL Zip Code 32703	
8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/20/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HECTOR, THEVENOT 36 ALTERA CT KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELIE CANTAVE 853 FRANCONVILLE CT KISSIMMEE FL 34759 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESPIERRE, JOSEPH 943 S KIRKMAN RD #154 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRITZ Yean 3105 Orange Blossom trail Orlando FL 32805 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CELESTE, ARNOLD 1555 ROYAL CIRCLE APOKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILFRID Yean 6401 MERRIGWOOD DR Orlando FL 32818 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #