2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001578

FILED Jan 05, 2009 Secretary of State

Entity Name: RESECTABLE LODGE PARFAITE HARMONIE INC

Current Principal Place of Business: New Principal Place of Business:

2044 AMERICANA BV 1199 BROUTTON BLVD ORLANDO, FL 32839 ORLANDO, FL 32811

Current Mailing Address: New Mailing Address:

2044 AMERICANA BV 6401 MARRIED DR ORLANDO, FL 32839 ORLANDO, FL 32818

FEI Number: 41-2207695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JEAN, FRITZ CELESTE, ARNOLD 2640 CORBYTON CT 20248 QUÍNLAN ST ORLANDO, FL 32828 ORLANDO, FL 32833 US 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: ARNOLD CELESTE 01/05/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

JEAN, FRITZ JEAN, WILFRID Name: Name: 2640 CORBYTON CT Address: 6401 MARRIE DR Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32818

Title: Title: () Delete (X) Change () Addition

Name: SMITH, PIERRE Name: FINE, KETHO

Address: 1406 W. HOLDEN AVE APT C Address: 9943 CYPRESS KNEE CIRCLE ORLANDO, FL 32825

City-St-Zip: ORLANDO, FL 32839 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

MOISE, ROUBENS ARNOLD, CELESTE Name: Name: 5602 SILVER STAR APT 631 Address: Address: 20248 QUINLAN ST City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32833

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: WILFRID JEAN Ρ 01/05/2009