

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007322

FILED
Sep 18, 2009
Secretary of State

Entity Name: TREASUREFEST INC.

Current Principal Place of Business:

210 SW PAGODA TERRACE
PORT ST. LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

210 SW PAGODA TERRACE
PORT ST. LUCIE, FL 34984 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

DAILEY, JAMES A JR.
210 SW PAGODA TERRACE
PORT ST. LUCIE, FL 34984 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAILEY, JAMES A JR.
Address: 210 SW PAGODA TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34984 US

Title: VP () Delete
Name: GOFF, AARON
Address: 2902 SE MELALEUCA BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: TREA () Delete
Name: BAPTISTE, ANTHONY
Address: 1520 SE FACULTY COURT
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: SEC () Delete
Name: SCURRY, LATASHA
Address: 3161 SW HAMBRICK STREET
City-St-Zip: PORT ST. LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RUSS, WILLIE
Address: 1206 NORTH 20TH STREET
City-St-Zip: FORT PIERCE, FL 34947 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: SANDERS, WILLOW
Address: 1720 SE LINPARK COURT
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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: JIM DAILEY

P

09/18/2009

Electronic Signature of Signing Officer or Director

Date