2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N07000002807

Entity Name: FESTIVAL OF EXCELLENCE, INC.

Current Principal Place of Business:

10431 LA MIRAGE CT
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

10431 LA MIRAGE CT
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-8714817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

DUMAS, MALCOLM
10431 LA MIRAGE CT
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

DUMAS, MALCOLM C
10431 LA MIRAGE CT
TAMPA, FL 33615 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: MALCOLM C DUMAS 07/09/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DUMAS, MALCOLM C
Address: 10431 LA MIRAGE CT
City-St-Zip: TAMPA, FL 33615

Title: V ( ) Delete
Name: ZELESNIKAR, JEFFREY
Address: 4110 WEST FIG STREET
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete
Name: FIGUEROA, EDDIE
Address: 3414 ARBOR OAKS CT
City-St-Zip: TAMPA, FL 33614

Title: T ( ) Delete
Name: PRINCE, DAVID E
Address: 4519 ASHMORE DR
City-St-Zip: TAMPA, FL 33610

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:

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: MALCOM C DUMAS P 07/09/2008
Electronic Signature of Signing Officer or Director Date