

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90004 039 ****70.00

DOCUMENT # N07000002870

1. Entity Name
THE MAGNIFICENT BUTTERFLIES, INC.



Principal Place of Business
**4720 SW 72ND AVENUE
 DAVIE, FL 33314**

Mailing Address
**4720 SW 72ND AVENUE
 DAVIE, FL 33314**

2. Principal Place of Business - No P.O. Box #
8270 SW 121st Ter

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
Dunnellon

City & State

Zip
34432

Country
MARION

Zip

Country

40115014



07302008 Chg-NP CR2E037 (12/06)

4. FEI Number
45-0555249

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LLOYD, DANIELLE
 4720 SW 72ND AVENUE
 DAVIE, FL 33314**

7. Name and Address of New Registered Agent

Name
LLOYD DANIELLE

Street Address (P.O. Box Number is Not Acceptable)
8270 SW 121st Ter

City
DUNNELLON

FL Zip Code
34432

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 *Danielle Lloyd* **8/26/08**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by September 12, 2008**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, DANIELLE 4720 SW 72ND AVENUE DAVIE, FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, RONALD A 4720 SW 72ND AVENUE DAVIE, FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUSTE, KERLINE M 20218 SW 85TH PLACE MIAMI, FL 33189	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LLOYD, DANIELLE 8270 SW 121st Ter DUNNELLON, FL 34432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LLOYD, RONALD A 8270 SW 121st Ter DUNNELLON, FL 34432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Danielle Lloyd* **8/26/08** **754-244-0186**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #