

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
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2. Principal Place of Business - No P.O. Box # 8270 SW 121st Ter	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DUNNELLON	City & State
Zip 34432	Country MARION

6. Name and Address of Current Registered Agent LLOYD, DANIELLE 4720 SW 72ND AVENUE DAVIE, FL 33314	
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40115014



07302008 Chg-NP CR2E037 (12/06)

4. FEI Number 45-0555249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE	

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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	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	D LLOYD, RONALD A 4720 SW 72ND AVENUE DAVIE, FL 33314 <input type="checkbox"/> Delete	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	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"/> 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: Danielle Lloyd <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8/26/08 754-244-0186 <small>Date Daytime Phone #</small>