

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N07000006075

Entity Name: SOUNIQUE MODELING & ENRICHMENT PRODUCTIONS FOR GIRLS INCORPORATED

Current Principal Place of Business:

2425 MISSION ROAD, BLDING #1104
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

2425 MISSION ROAD, BLDING #1104
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 11-3818992 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:

CARTER, JENECIA T
2425 SPOONWOOD DR
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: CARTER, JENECIA T
Address: 2425 SPOONWOOD DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: CEO () Delete
Name: CARTER, JENECIA T
Address: 2425 SPOONWOOD DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: V () Delete
Name: MORROW, CHAVON
Address: 204 STUCKEY RD
City-St-Zip: QUINCY, FL 32351

Title: S () Delete
Name: BARKLEY, WANDA
Address: 3218 SAWTOOTH DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: MITCHELL, VIVIAN
Address: 813 W CLARK STREET
City-St-Zip: QUINCY, FL 32351

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:

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: MINESHA D. CARTER

Electronic Signature of Signing Officer or Director

E.D

07/09/2008

_____ Date