


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90032 035 ****61.25

DOCUMENT # N07000009750	
1. Entity Name ELEGANT SARASOTA WEDDINGS, INC.	

Principal Place of Business 2749 SIESTA DRIVE SARASOTA, FL 34239	Mailing Address 2749 SIESTA DRIVE SARASOTA, FL 34239
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10000000



01202008 Chg-NP CR2E037 (12/06)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ENGLAND, EVELYN 2749 SIESTA DRIVE SARASOTA, FL 34239		Name <u>SUSAN QUARMBY</u> Street Address (P.O. Box Number is Not Acceptable) <u>2250 BERN CREEK LOOP</u> City <u>SARASOTA</u> FL Zip Code <u>34240</u>	

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 Susan L. Quarmby Susan L. Quarmby Treasurer 1/27/08
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 May 1, 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	P GAMCO, TAMMY 3503 67TH STREET CT. E BRADENTON, FL 34208 <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	VP BAXTER, JB 2749 SIESTA DRIVE SARASOTA, FL 34239 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ENGLAND, EVELYN (VP) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2749 SIESTA DR. SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACRIKOS, NICK 7150 N. TAMiami TRAIL SARASOTA, FL 34243 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JB BAXTER (S) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2749 SIESTA DR SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUARMBY, SUSAN 2250 BERN CREEK LOOP SARASOTA, FL 34239 <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: Susan Quarmby SUSAN QUARMBY 1/24/08 (94) 377-9755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #