

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003384

FILED
Aug 05, 2009
Secretary of State

Entity Name: IN LAK'ECH PROJECT, INC.

Current Principal Place of Business:

931 A1A BEACH BLVD
UNIT 101
ST AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

931 A1A BEACH BLVD
UNIT 101
ST AUGUSTINE, FL 32080

New Mailing Address:

PO BOX 4248
ST AUGUSTINE, FL 32085

FEI Number: 26-2503751 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:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD STE 400
MIAMI BEACH, FL 33139 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: SHIELDS, TARA
Address: 412 MARSH POINT CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32080

Title: VP () Delete
Name: LENOIR, VANESSA
Address: 700 PORTO CRISTO AVE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: TD () Delete
Name: SHIELDS, HALI
Address: 57 TREASURY ST
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S () Delete
Name: KRUCHTEN, JACOB
Address: 11130 NW RD., UNIT F
City-St-Zip: PALLOS HILLS, IL 60465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHIELDS, TARA
Address: 931 A1A BEACH BLVD., UNIT 101
City-St-Zip: ST AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SHIELDS, HALI
Address: 931 A1A BEACH BLVD, UNIT 101
City-St-Zip: ST AUGUSTINE, FL 32080

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: TARA SHIELDS

PD

08/05/2009

Electronic Signature of Signing Officer or Director

Date