

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010958

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: MRS. P'S EXTREME DANCERS, INC.

**Current Principal Place of Business:**

584 NW UNIVERSITY BLVD., SUITE 200  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

584 NW UNIVERSITY BLVD., SUITE 200  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 26-3860213      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:**

**Name and Address of New Registered Agent:**

GLANNINI, THOMAS  
5763 NW BELWOOD CIRCLE  
PORT ST LUCIE, FL 34986      US

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: P      ( ) Delete  
Name: GIANNINI, LORRAINE  
Address: 584 NW UNIVERSITY BLVD., SUITE 200  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S      ( ) Delete  
Name: HABERKORN, ROBYN  
Address: 4657 SW TACOMA ST  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: T      ( ) Delete  
Name: GARCIA, TERESA  
Address: 1609 SW CAMEO BLVD  
City-St-Zip: PORT ST LUCIE, FL 34953

**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:

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: LORRAINE GIANNINI

OFF

06/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date