

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004927

FILED
Apr 30, 2011
Secretary of State

Entity Name: FLAGLERLIVE.COM, INC.

Current Principal Place of Business:

33 POSTMAN LANE
PALM COAST, FL 32164

New Principal Place of Business:

Current Mailing Address:

PO BOX 354623
PALM COAST, FL 32081

New Mailing Address:

PO BOX 354623
PALM COAST, FL 32135

FEI Number: 27-2691938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRISTAM, PIERRE
33 POSTMAN LANE
PALM COAST, FL 32164 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: D
Name: TRISTAM, PIERRE
Address: 33 POSTMAN LANE
City-St-Zip: PALM COAST, FL 32164

Title: C
Name: SHAPIRO, MERRILL
Address: 58 MOUNT VERNON LANE
City-St-Zip: PALM COAST, FL 32164

Title: D
Name: GUINES, JIM
Address: 3 WOODLYN LANE
City-St-Zip: PALM COAST, FL 32164

Title: D
Name: LOWEN, LINDA
Address: PO BOX 354623
City-St-Zip: PALM COAST, FL 32135

Title: D
Name: MUSSER, DONALD
Address: 1521 WOODSIDE DR.
City-St-Zip: DELAND, FL 32720

Title: D
Name: WIGGINS, DAVID
Address: 3855 WINSTON RD.
City-St-Zip: DELAND, FL 32720

I hereby 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 all other like empowered.

SIGNATURE: PIERRE TRISTAM

MR.

04/30/2011

Electronic Signature of Signing Officer or Director

Date