2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16953

Entity Name: LES DIPLOMATES, INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Cullent Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess

C/O LAUREN FITZBACK COUF
3428 N OCEAN BLVD
FORT LAUDERDALE, FL 33308 US

C/O LAUREN FITZBACK COUF
325 JACARANDA DRIVE
PLANTATION, FL 33324 US

Current Mailing Address: New Mailing Address:

C/O LAUREN FITZBACK COUF
3428 N OCEAN BLVD
FORT LAUDERDALE, FL 33308 US

C/O LAUREN FITZBACK COUF
325 JACARANDA DRIVE
PLANTATION, FL 33324 US

FEI Number: 59-2720896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAUREN FITZBACK COUF

3428 N OCEAN BLVD

FORT LAUDERDALE, FL 33308 US

LAUREN FITZBACK COUF

325 JACARANDA DRIVE

PLANTATION, FL 33324 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: LAUREN FITZBACK COUF 01/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: TD () Delete Title: () Change () Addition

 Name:
 DIANE LEDOUX,
 Name:

 Address:
 4281 NW 41ST STREET, APT 415
 Address:

 City-St-Zip:
 LAUDERDALE LAKES, FL 33319
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 PAULINE MORISSETTE,
 Name:

 Address:
 2334 S CYPRESS BEND DRIVE, # 706
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069
 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 LAUREN FITZBACK COUF,
 Name:

 Address:
 3428 N OCEAN BLVD
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33308
 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: LAUREN FITZBACK COUF PD 01/05/2009