2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N27805

Entity Name: LES GRANDES DAMES, INC.

Current Principal Place of Business:

1705 LYNDALE BLVD
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2851
WINTER PARK, FL 32790

New Mailing Address:

FEI Number: 59-2998724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, KERRY
1705 LYNDALE BLVD
MAITLAND, FL 32751 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:	YOUNG, KERRY	
Address:	1705 LYNDALE BLVD	
City-St-Zip:	MAITLAND, FL 32751 US	
Title:	VD	( ) Delete
Name:	COOK, CANDY	
Address:	2463 RIVERTREE CIRLCE	
City-St-Zip:	SANFORD, FL 32771	
Title:	TD	(X) Delete
Name:	GRAHAM, PATRICIA	
Address:	1122 WASHINGTON AVE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	2VP	( ) Delete
Name:	REED, NANCY	
Address:	1122 WASHINGTON AVE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	S	( ) Delete
Name:	PLANTE, MARYANN	
Address:	915 N. KENTUCKY AVE	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	HOLLYDAY, ALEXINA	
Address:	1601 FLAMINGO DRIVE	
City-St-Zip:	ORLANDO, FL 32803	

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:	
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: KERRY YOUNG P 04/19/2009

Electronic Signature of Signing Officer or Director — Date