

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 11, 2007**  
**Secretary of State**

DOCUMENT# N49682

**Entity Name:** LISA MERLIN HOUSE, INC.**Current Principal Place of Business:**3101 NORTH PINE HILLS RD.  
ORLANDO, FL 32808 US**New Principal Place of Business:**96 PLUMOSA AVENUE  
CASSELBERRY, FL 32707 US**Current Mailing Address:**508 MAJORCA AVENUE  
ALTAMONTE SPRINGS, FL 32714 US**New Mailing Address:**96 PLUMOSA AVENUE  
CASSELBERRY, FL 32707**FEI Number:** 59-3132600**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MERLIN, LISA  
508 MAJORCA AVE  
ALTAMONTE SPRINGS, FL 32714 US**Name and Address of New Registered Agent:**BURRIS, WARREN CAO  
96 PLUMOSA AVENUE  
CASSELBERRY, FL 32707 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: WARREN BURRIS

09/11/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: MERLIN, LISA S  
Address: 508 MAJORCA AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: DIR ( ) Delete  
Name: STACK, DAN C  
Address: 261 LEMONLILLY COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32707 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DIR (X) Change ( ) Addition  
Name: FINOCCHIARO, VICKI CFO  
Address: 5000 AVENUE OF THE STARS  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: DIR (X) Change ( ) Addition  
Name: STACK, DAN C  
Address: 1800 PEMBROOK DRIVE SUITE 400  
City-St-Zip: ORLANDO, FL 32810 US

Title: DIR ( ) Change (X) Addition  
Name: BIDDULPH, HEATHER  
Address: 7719 FOX KNOLL PLACE  
City-St-Zip: WINTER PARK,, FL 32792 US

Title: DIR ( ) Change (X) Addition  
Name: RANDOLPH, JOAN  
Address: P.O. BOX 941994  
City-St-Zip: MAITLAND,, FL 32794

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: WARREN BURRIS

CAO

09/11/2007

Electronic Signature of Signing Officer or Director

Date