

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90421 044 ****61.25

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|--|---|--|---|---|--|
| DOCUMENT # N94000002841 1. Entity Name THE FABULOUS FOOTNOTES, INC. | | | | | |
| Principal Place of Business 3500 N.W. ROYAL OAK DR JENSEN BEACH, FL 34957 US | | | Mailing Address 3500 N.W. ROYAL OAK DR JENSEN BEACH, FL 34957 US | | |
| 2. Principal Place of Business - No P.O. Box # 3731 NE PINEAPPLE AVE. Suite/Apt. #, etc. C200 City & State JENSEN BEACH, FL Zip 34957 Country U.S.A. | | 3. Mailing Address 3731 NE PINEAPPLE AVE. Suite/Apt. #, etc. C200 City & State JENSEN BEACH, FL Zip 34957 Country USA | | | |
| 4. FEI Number 65-0501974 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 04052007 Chg-NP CR2E037 (12/06) | |
| 6. Name and Address of Current Registered Agent DOSS, RENEE 3500 N.W. ROYAL OAK DR JENSEN BEACH, FL 34957 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3731 NE PINEAPPLE AVE. SUITE C200 City JENSEN BEACH, FL Zip Code 34957 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OWNE DOSS, RENEE 3500 N.W. ROYAL OAK DR JENSEN BEACH, FL 34957 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3731 NE PINEAPPLE AVE. - SUITE C200 JENSEN BEACH FL 34957 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOTTRAM, JEFF 120 INTERNATIONAL PWY 120 HEATHROW, FL 32746 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 COLONIAL CENTER PARKWAY, SUITE 130 LAKE MARY, FL 32746 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FIELD, LISA 85 S. RIVER RD STUART, FL 34996 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ RENEE M. DOSS 4/25/07 772-692-7800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |