

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005754

FILED
Jan 12, 2009
Secretary of State

Entity Name: TREASURE ISLETTES INC.

Current Principal Place of Business:

TREASURE ISLETTES, INC.
ONE PARK PLACE TREASURE ISLAND
SAINT PETERSBURG, FL 33706

New Principal Place of Business:

Current Mailing Address:

TREASURE ISLETTES, INC.
P.O. BOX 9464
TREASURE ISLAND, FL 33740

New Mailing Address:

FEI Number: 59-6156212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WELKER, NANCY
11137 2ND STREET E
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

WELKER, NANCY J PRES
11137 2ND STREET E
TREASURE ISLAND, FL 33706 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: NANCY WELKER

01/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: THOMPSON, ROSEMARY
Address: 12548 CAPRI CIRCLE N
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S () Delete
Name: CLARK, NICKI
Address: 511 PLAZA SEVILLE CT 22
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T () Delete
Name: LEE, CAROL
Address: 645 115 AVE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: P () Delete
Name: TYLER, LINDA
Address: 19 BELLEVUE DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: CS () Delete
Name: HUFFMAN, ANNAMARIE
Address: 107TH AVE #404
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ALTON, MARIAN
Address: 514 SANDY HOOK ROAD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: S (X) Change () Addition
Name: MARYANN, CONNORS
Address: 240 SUN KETCH CT.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CS (X) Change () Addition
Name: PAMELA, BAKER
Address: 12608 LAGOON LANE
City-St-Zip: TREASURE ISLAND, FL 33706

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: NANCY WELKER

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date