

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005387

FILED
Jan 07, 2007
Secretary of State

Entity Name: POLYCARPE, INC.

Current Principal Place of Business:

5151 RALEIGH ST
ORLANDO, FL 32811

New Principal Place of Business:

16537 CORNER LAKE DRIVE
ORLANDO, FL 32820

Current Mailing Address:

5151 RALEIGH ST
ORLANDO, FL 32811

New Mailing Address:

16537 CORNER LAKE DRIVE
ORLANDO, FL 32820

FEI Number: 59-3724876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVER PKWY.
STE. 3
TAMPA, FL 33637 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: D () Delete
Name: DELERME, PATRICK
Address: 5151 RALEIGH ST STE C
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: GUERRELUS, ELANGE
Address: 5151 RALEIGH ST STE C
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: FRANTZY, JOSEPH
Address: 5151 RALEIGH ST STE C
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DELERME, PATRICK
Address: 16537 CORNER LAKE DRIVE
City-St-Zip: ORLANDO, FL 32820

Title: D (X) Change () Addition
Name: BERTHOLE, MARGERIE
Address: 16537 CORNER LAKE DRIVE
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Change () Addition
Name: JOSEPH, FRANTZY
Address: 16537 CORNER LAKE DRIVE
City-St-Zip: ORLANDO, FL 32820

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICK DELERME

D

01/07/2007

Electronic Signature of Signing Officer or Director

Date