2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P01000022835

Entity Name: FEMME FATALE, INC.

Current Principal Place of Business:

1170 3RD ST S #E105
NAPLES, FL 34102

New Principal Place of Business:

737 CROSSFIELD CIRCLE
NAPLES, FL 34104

Current Mailing Address:

1170 3RD ST S #E105
NAPLES, FL 34102

New Mailing Address:

737 CROSSFIELD CIRCLE
NAPLES, FL 34104

FEI Number: 59-3700743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONA, PATRICIA
737 CROSSFIELD CIRCLE
NAPLES, FL 34104 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONA, PATRICIA
Address: 737 CROSSFIELD CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: EWING, JENNIFER
Address: 737 CROSSFIELD CIRCLE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER EWING D 04/30/2008

Electronic Signature of Signing Officer or Director — Date