2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062855

Entity Name: MARMALADE SALON & BOUTIQUE, INC.

FILED Feb 18, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1424 STATE STREET 1927 SOUTH OSPREY AVENUE

SARASOTA, FL 34236 SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

1424 STATE STREET 1927 SOUTH OSPREY AVENUE

SARASOTA, FL 34236 SARASOTA, FL 34239

FEI Number: 65-1113632 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DILORENZO, JENNA

1424 STATE STREET

SARASOTA, FL 34236 US

DILORENZO, JENNA

1927 SOUTH OSPREY AVENUE
SARASOTA, FL 34239 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: 02/18/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: DILORENZO, JENNA Name: DILORENZO, JENNA

Address: 1424 STATE STREET Address: 1927 SOUTH OSPREY AVENUE City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34239

 $\label{eq:title:V} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

Name: MAYFORTH, NICOLE Name: MAYFORTH, NICOLE

Address: 1424 STATE STREET Address: 1927 SOUTH OSPREY AVENUE
City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34239

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: NICOLE MAYFORTH V 02/18/2008