2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071761

Entity Name: BON SOIREE INC

City-St-Zip:

FORT MYERS, FL 33908

FILED Mar 23, 2009 Secretary of State

Littly Nai	ille. BON SOI	RLL IIVO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
17230 S TAMIAMI TR #5 FORT MYERS, FL 33908				15051 S TAMIAMI TR #203 FORT MYERS, FL 33908	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
17230 S TAMIAMI TR #5 FORT MYERS, FL 33908				15051 S TAMIAMI TR #203 FORT MYERS, FL 33908	
FEI Number	: 65-1127836	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BECKMAN, PAMELA B 17230 S TAMIAMI TR #5 FORT MYERS, FL 33908 US			17191 KEY VIZCAYA	BECKMAN, PAMELA B 17191 KEY VIZCAYA CT FORT MYERS, FL 33908 US	
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				03/23/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () BECKMAN, PAI 17191 KEY VIZ FORT MYERS,	CAYA CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () MUELLER, SAN 17191 KEY VIZ FORT MYERS,	CAYA CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	STD () MUELLER, SAE		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: PAMELA BECKMAN PRES 03/23/2009