

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000106736

Entity Name: LILY'S PERFUMES, INC.

FILED
Jan 29, 2008
Secretary of State

Current Principal Place of Business:

10823 HARKWOOD BLVD.
ORLANDO, FL 32817

New Principal Place of Business:

Current Mailing Address:

10106 GARDEN ROSE CT
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 59-3753422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAIME, LILIANA
10823 HARKWOOD BLVD.
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

NAIME, LILIANA D
10106 GARDEN ROSE CT
ORLANDO, FL 32825 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: LILIANA NAIME

01/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NAIME, LILIANA
Address: 10106 GARDEN ROSE CT
City-St-Zip: ORLANDO, FL 32825 US

Title: O () Delete
Name: NAIME, MERWAN
Address: 10106 GARDEN ROSE CT
City-St-Zip: ORLANDO, FL 32825 US

Title: S (X) Delete
Name: ADNAN-OBEID, SUZAN
Address: 1960 CORNER SCHOOL DRIVE
City-St-Zip: ORLANDO, FL 32820 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NAIME, LILIANA H D
Address: 10106 GARDEN ROSE CT
City-St-Zip: ORLANDO, FL 32825 US

Title: O (X) Change () Addition
Name: NAIME, MERWAN H D
Address: 10106 GARDEN ROSE CT
City-St-Zip: ORLANDO, FL 32825 US

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: LILIANA NAIME

DIRE

01/29/2008

Electronic Signature of Signing Officer or Director

Date