2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000121855

1. Entity Name
IDELLE PAASCHE-SAUNDERS CO.

Principal Place of Business	Mailing Address
785 HARBOUR ISLES CT	785 HARBOUR ISLES CT
NORTH BEACH GARDENS, FL 33410	NORTH BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

03042008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
30-0018780		Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PAASCHE-SAUNDERS, IDELLE
785 HARBOUR ISLES CT
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

U00000905434
05/01/08-80056-018 150.00

10.	OFFICERS AND DIRECTORS

TITLE	D
NAME	PAASCHE-SAUNDERS, IDELLE
STREET ADDRESS	785 HARBOUR ISLE COURT
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404

TITLE	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Idelle Paasche'-Saunders*   4/16/08   (561) 493-8068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #