2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000028406

Entity Name: DONNA M LAFLAMME INC

FILED Jan 13, 2011 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--|---|
| P. O. BOX 33693 PALM BCH GARDENS, FL 33420 | |
| Current Mailing Address: | New Mailing Address: |
| P. O. BOX 33693 PALM BCH GARDENS, FL 33420 | |
| FEI Number: 02-0562375 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: |
| LA FLAMME, DONNA M 368 FOUR SEASONS PALM BCH GARDENS, FL 33420 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: | |
| Electronic Signature of Registered Ager | nt Date |
| | |
| OFFICEDS AND DIDECTORS: | |

OFFICERS AND DIRECTORS:

Title: PSD

Name: LA FLAMME, DONNA M Address: P. O. BOX 33693

City-St-Zip: PALM BCH GARDENS, FL 33420

I hereby 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 all other like empowered.

SIGNATURE: DONNA LAFLAMME P 01/13/2011