## 2008 FOR PROFIT CORPORATION

**FILED** ANNUAL REPORT Apr 21, 2008 08:00 Al Secretary of State **DOCUMENT # P03000033335** DENYSE LIBERATORE, INC. Principal Place of Business Mailing Address 59 BARKWOOD LANE 59 BARKWOOD LANE PALM COAST, FL 32137 PALM COAST, FL 32137 01212008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0508001 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SAVY, BENJAMIN 25 PINE CONE DRIVE, SUITE 2A PALM COAST, FL 32164 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 000000911617 05/07/08-80047-020 158.75 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LIBERATORE, DENYSE NAME STREET ADDRESS 59 BARKWOOD LANE PALM COAST, FL 32137 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 !** 

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR