

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000154306

Entity Name: FINESSE HOLDINGS, INC.

FILED
May 15, 2006
Secretary of State**Current Principal Place of Business:**515 9TH STREET EAST
SUITE 100
BRADENTON, FL 34208 US**New Principal Place of Business:****Current Mailing Address:**515 9TH STREET EAST
SUITE 100
BRADENTON, FL 34208 US**New Mailing Address:**

FEI Number: 20-0746602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:BAKER, LAURIE
515 9TH STREET EAST
SUITE 100
BRADENTON, FL 34208 US**Name and Address of New Registered Agent:**

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 Agent

Date**OFFICERS AND DIRECTORS:**Title: PRES () Delete
Name: SHANNON, J. R.
Address: 515 9TH STREET EAST, SUITE100
City-St-Zip: BRADENTON, FL 34208 USTitle: TREA () Delete
Name: BAKER, LAURIE E
Address: 515 9TH STREET EAST, SUITE100
City-St-Zip: BRADENTON, FL 34208 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change () Addition
Name: PARISIAN, STEVE M
Address: 515 9TH STREET EAST, SUITE100
City-St-Zip: BRADENTON, FL 34208 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURIE E. BAKER

TREA

05/15/2006

Electronic Signature of Signing Officer or Director_____
Date