2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028655

Entity Name: PANACHE CONCIERGE SERVICE, INC.

FILED Aug 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5408 GARDEN ARBOR DR. 3959 VAN DYKE RD LUTZ, FL 33558

STE.220

LUTZ, FL 33558

Current Mailing Address: New Mailing Address:

5408 GARDEN ARBOR DR. 3959 VAN DYKE RD

STE. 220 LUTZ, FL 33558

LUTZ, FL 33558

FEI Number: 34-1978579 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:

KELLY, JACLYN KELLY, JACLYN

12035 CITRUS FALLS CIRCLE 5408 GARDEN ARBOR DR.

LUTZ, FL 33558 APT.201 TAMPA, FL 33558 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: JACLYN C. KELLY 08/16/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: KELLY, JACLYN Name: Name: KELLY, JACLYN

5408 GARDEN ARBOR DR. Address: 12035 CITRUS FALLS CIRCLE APT. 201 Address:

City-St-Zip: LUTZ, FL 33558 City-St-Zip: TAMPA, FL 33625

Title: Title: (X) Change () Addition () Delete

WALTON, STEVETTE Name: Name: SPARKS, EVELYN 5408 GARDEN ARBOR DR. Address: 1142 E. 44TH STREET Address: City-St-Zip: LUTZ, FL 33558 CHICAGO, FL 60653 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACLYN C. KELLY 08/16/2005 D