

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058067

Entity Name: THE GODDESS GROUP, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

718 44 ST  
W PALM BEACH, FL 33407

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 3322  
PALM BEACH, FL 33480

## New Mailing Address:

718 44 ST  
W PALM BEACH, FL 33407

FEI Number: 20-1143353

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUPONT, ADRIENNE JOY  
718 44 ST  
W PALM BEACH, FL 33407 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: DUPONT, ADRIENNE JOY  
Address: 718 44 ST  
City-St-Zip: W PALM BEACH, FL 33407

Title: VP ( ) Delete  
Name: OWEN, CYNTHIA  
Address: 300 HWY A1A M202  
City-St-Zip: JUPITER, FL 33477

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: OWEN, CYNTHIA  
Address: 4760 LUCERNE LAKES BLVD APT 308  
City-St-Zip: LAKE WORTH, FL 33467

Title: P ( ) Change (X) Addition  
Name: DUPONT, ADRIENNE J  
Address: 718 44 ST  
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify 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: ADRIENNE J DUPONT

P

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date