2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# P06000041980

Entity Name: LAVANDE PB, INC.

Current Principal Place of Business:

340 ROYAL POINCIANA WAY
STE 332
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

712 US HWY ONE - STE 400
N PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 71-1000382 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS, DAVID B
712 US HWY ONE - STE 400
N PALM BEACH, FL 33408 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: PD ( ) Delete
Name: SMITH, TRACY
Address: 437 CHILEAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: STD (X) Delete
Name: LAGAE, AMY
Address: 252 CHERRY LANE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: SMITH, TRACY
Address: 437 CHILEAN AVE
City-St-Zip: PALM BEACH, FL 33480

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

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: TRACY SMITH PDS 03/10/2009

Electronic Signature of Signing Officer or Director — Date