

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091909

Entity Name: DETAILZ EVENTS, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

215 GLEN EAGLE CIRCLE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

215 GLEN EAGLE CIRCLE
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-5144183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTOPHER J. CONA PA
4280 TAMiami TRAIL E
101
NAPLES, FL 34112 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: P,D () Delete
Name: LOPEZ-KRISCHANOWSKI, KAREN
Address: 215 GLEN EAGLE CIRCLE
City-St-Zip: NAPLES, FL 34104 US

Title: VP,D () Delete
Name: CONA, MADI
Address: 6889 WELLINGTON DRIVE
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MADI CONA

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date