


FILED
May 07, 2007 8:00 am
Secretary of State

04-19-2007 90184 008 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000123440

1. Entity Name
ADORN LINGERIE, INC.



Principal Place of Business Mailing Address
32 SOUTH PALAFOX STREET **32 SOUTH PALAFOX STREET**
PENSACOLA, FL 32502 **PENSACOLA, FL 32502**


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

66013459



04182007 Chg-P CR2E034 (12/06)

4. FEI Number
42-1712731 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FRIEDMANN, RACHAEL
5074 HIGH POINTE DR
PENSACOLA, FL 32505

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: *Rachael Friedmann* DATE: **4-17-07**

Signature of individual or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW! FEE IS \$150.00 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '07	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FRIEDMAN, RACHAEL 5074 HIGH POINTE DR PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rachael Friedmann, Owner* Date: **5/2/07** Calling Phone #: **850-470-0430**

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR