## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000125663

Entity Name: DAUGHTERS OF ISIS, INC.

FILED Apr 03, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

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

16381 COUNTRY LAKE CIRCLE 905 SOUTH M STREET DELRAY BEACH, FL 33484 LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

16381 COUNTRY LAKE CIRCLE 905 SOUTH M STREET DELRAY BEACH, FL 33484 LAKE WORTH, FL 33460

FEI Number: 22-3944099 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:

HOFFMAN, ASA VP
16381 COUNTRY LAKE CIRCLE
DELRAY BEACH, FL 33484 US
HOFFMAN, ASA VP
905 SOUTH M STREET
LAKE WORTH, FL 33460 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: ASA HOFFMAN 04/03/2008

Electronic Signature of Registered Agent Date

Title:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete
Name: BARRY, GWENDOLYN H

 Name:
 BARRY, GWENDOLYN H
 Name:
 BARRY, GWENDOLYN H

 Address:
 16381 COUNTRY LAKE CIRCLE
 Address:
 905 SOUTH M STREET

 City-St-Zip:
 DELRAY BEACH, FL 33484
 City-St-Zip:
 LAKE WORTH, FL 33460

Title: DVPT ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 HOFFMAN, ASA
 Name:

 Address:
 16381 COUNTRY LAKE CIRCLE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33484
 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: ASA HOFFMAN VP 04/03/2008