2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 30, 2007 8:00 am Secretary of State

DOCUMENT # P06000145861 1. Entity Name SERENITY FIRST, INC.							03-15-20	07 9003	2 021 **	**150.00
Principal Place of Business 10296 CYPRESS LAKES PRESERVE OR. LAKE WORTH, FL 33467 Mailing Address 10296 CYPRESS LAKES PRESERVE OR. LAKE WORTH, FL 33467					RVE DR.	A I DAMPAN JU		n and did no	'81 (811) 61(81) NA	11 11 1 at 4 01 7
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03052007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			32-34	747613		<u> </u>	plied For Applicable
Zip	Country		Zip Coun:		try	5. Certificate	of Status Desired		\$8.75 Add	
6. Name and Address of Current R			A1			7. Name and Address of New Registered Agent				
SPIEGEL	. ÛTRER	A. P.A.	Name MARK A. Plums							
1840 SW 2 4TH FLOO	2ND ST.					Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33145		-			296 Cypross Laker Pressure Drive				
				CityLake			FL.		467	
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 PROJECT (Vice Viewdort) MARK A. PLUMB (VECE PRESIDENT) 03/11/2007 Signature, typed or prished name of registered agent and the Napplicable. (NOTE: Registered Agent signature required when representing) DATE										
FILE NOWIL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	IN 11
mrt.	DPST Delete 101 PLUMB, SHELLEY D. W.								☐ Chaube	Addition
NAME . STREET ADORESS CITY-ST-ZIP	10296 CY	PRESS LAKES PRESE	ERVE DR.		ET ADOMESS -ST-ZIP					
TITLE	LAKE WORTH, FL 33467 CIN								Change	Addition
NAME	PLUMB, MARK A.								_ ****	
STREET ADDRESS CITY-ST-ZIP		PRESS LAKES PRESE ORTH, FL 33467	ERVE DR.	ET ADORESS -ST-ZIP						
TITLE	☐ Delets tm.				I				Change	Addition
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TITLE		-	☐ Delete	TITL	l l				Change	Addition
NAME STREET ADDRESS	ŀ			KAM Siri	E ET ADORESS					
CITY-ST-ZIP	!			-S1-2/P]	
12. I hereb 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to sexcute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 if the changed, or by an attachment with an address, with all other like empowered. Cell: (501)5 96 - 577.75										
SIGNATURE: PRINC PM MARKA PLUMB 3/11/2007 (561)629-8330										