

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90003 021 \*\*\*150.00

<b>DOCUMENT # P06000156455</b> 1. Entity Name <b>NOTRE MAISON DESIGN GROUP, INC.</b>					
Principal Place of Business <b>95 HAMILTON AVENUE SANTA ROSA, FL 32459</b>			Mailing Address <b>95 HAMILTON AVENUE SANTA ROSA, FL 32459</b>		
2. Principal Place of Business - No P.O. Box # <b>5 MAIN ST.</b>		3. Mailing Address <b>PO Box 611203</b>			
Suite, Apt. #, etc. <b>S+E 3A</b>		Suite, Apt. #, etc. 			
City & State <b>ROSEMARY BEACH, FL.</b>		City & State <b>ROSEMARY BEACH, FL</b>			
Zip <b>32461</b>		Country <b>WALTON</b>		Zip <b>32461</b>	
Country <b>WALTON</b>		4. FEI Number <b>20-8103315</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BRAD CONGLETON CPA, INC. 50 UPTOWN GRAYTON CIRCLE 15 SANTA ROSA BEACH, FL 32459</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DILLARD, BETH</b> <b>75 WEST MITCHELL AVENUE</b> <b>SANTA ROSA BEACH, FL 32459</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>6.22.08</b> Daytime Phone #					