

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000156455

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** NOTRE MAISON DESIGN GROUP, INC.

**Current Principal Place of Business:**

5 MAIN STREET, STE 3A  
ROSEMARY BEACH, FL 32461

**New Principal Place of Business:**

5 MAIN STREET  
SUITE 3A  
ROSEMARY BEACH, FL 32461

**Current Mailing Address:**

P O BOX 611203  
ROSEMARY BEACH, FL 32461

**New Mailing Address:**

P.O. BOX 611203  
ROSEMARY BEACH, FL 32461

**FEI Number:** 20-8103315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRAD CONGLETON CPA, INC.  
50 UPTOWN GRAYTON CIRCLE  
15  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

BRAD CONGLETON CPA, INC.  
50 UPTOWN GRAYTON CIRCLE  
#15  
SANTA ROSA BEACH, FL 32459 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: BRAD CONGLETON

04/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DILLARD, BETH  
Address: 75 WEST MITCHELL AVENUE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

I hereby 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 all other like empowered.

SIGNATURE: BRAD CONGLETON

RA

04/15/2011

Electronic Signature of Signing Officer or Director

Date