

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000023291

Entity Name: JULISE INC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

180 N LIME AVE
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

180 N LIME AVE
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 33-1153920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN LANDUYT, JULES R
50 S SHADE AVE
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,SE () Delete
Name: VAN LANDUYT, JULES R
Address: 4972 ARITON ROAD
City-St-Zip: NORTH PORT, FL 34288

Title: VPTR () Delete
Name: VAN LANDUYT, LISA T
Address: 4972 ARITON ROAD
City-St-Zip: NORTH PORT, FL 34288

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,SE (X) Change () Addition
Name: VAN LANDUYT, JULES R
Address: 50 S SHADE AVE
City-St-Zip: SARASOTA, FL 34237

Title: VPTR (X) Change () Addition
Name: VAN LANDUYT, LISA T
Address: 50 S SHADE AVE
City-St-Zip: SARASOTA, FL 34237

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: JULES R VAN LANDUYT

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date