2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000046987

Entity Name: LAVENDER, INC

City-St-Zip:

SEMINOLE, FL 33777

FILED Feb 27, 2009 Secretary of State

Littly Nan	HE. LAVENDI	LR, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	NSON BLVD				
2 SEMINOLE	, FL 33772	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	NSON BLVD E, FL 33712	US	8300 97TH STREET SEMINOLE, FL 33777	US	
FEI Number:	20-8876210	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
CARVER, CHRISTOPHER 112 N. JUMPER DRIVE BUSHNELL, FL 33513 US			AMIN, SACHIN 8300 97TH STREET SEMINOLE, FL 33777	US	
The above in the State		submits this statement for the p	urpose of changing its registered c	office or registered agent, or both,	
SIGNATURE: SACHIN AMIN				02/27/2009	
	Electror	nic Signature of Registered Age	nt	Date	
Election Cam	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () AMIN, DIGISHA 8300 97TH STE SEMINOLE, FL	REET	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () AMIN, SACHIN 8300 97TH STF SEMINOLE, FL		Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D () AMIN, ANILA 8300 97TH STR) Delete REET	Title: () Name: Address:) Change ()Addition	

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.

City-St-Zip:

SIGNATURE: ANILA AMIN D 02/27/2009