2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065067

Address:

City-St-Zip:

2541 STAPLEFORD LANE

ST. AUGUSTINE, FL 32092

Entity Name: COUTURE CONFECTIONS, INC.

FILED Jul 29, 2008 Secretary of State

Current P	Principal Place of Business:	New Principal Place	New Principal Place of Business:	
	PLEFORD LANE JSTINE, FL 32092			
Current M	lailing Address:	New Mailing Addres	s:	
	PLEFORD LANE JSTINE, FL 32092			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent	:: Name and Address o	of New Registered Agent:	
JACKSON The above	ITAL DOME DRIVE IVILLE, FL 32246 US IN named entity submits this statement for t	the purpose of changing its registere	d office or registered agent, or both,	
	e of Florida. 			
SIGNATU	RE:Electronic Signature of Registered	Agent	 Date	
	nce with s. 607.193(2)(b), F.S., the corporation d mpaign Financing Trust Fund Contribution ().		Suite	
	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P () Delete BOYETT, JILLIAN V 4507 CAPITAL DOME DRIVE JACKSONVILLE, FL 32246	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete BULLEN, KATIE G 2541 STAPLEFORD LANE ST. AUGUSTINE, FL 32092	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES () Delete BOYETT, CHARLES M 4507 CAPITAL DOME DRIVE JACKSONVILLE, FL 32246	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SEC () Delete BULLEN, PRESTON A	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: JILLIAN V. BOYETT P 07/29/2008