

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000084883

FILED
Mar 24, 2009
Secretary of State

Entity Name: LESSONS WITH JULIE, INC.

Current Principal Place of Business:

3520 OAKS WAY
#309
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

3520 OAKS WAY #309
#309
POMPANO BEACH, FL 33069

New Mailing Address:

3520 OAKS WAY
#309
POMPANO BEACH, FL 33069

FEI Number: 41-2246135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROSS, JULIE
3520 OAKS WAY
#309
POMPANO BEACH, FL 33069 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 () Delete
Name: GROSS, JULIE
Address: 3520 OAKS WAY #309
City-St-Zip: POMPANO BEACH, FL 33069

Title: P (X) Delete
Name: GROSS, JULIE
Address: 3520 OAKS WAY #309
City-St-Zip: POMPANO BEACH, FL 33069

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Name: GROSS, JULIE
Address: 3520 OAKS WAY #309
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Title: P (X) Delete
Name: GROSS, JULIE
Address: 3520 OAKS WAY #309
City-St-Zip: POMPANO BEACH, FL 33069

Title: P (X) Delete
Name: GROSS, JULIE
Address: 3520 OAKS WAY #309
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIE GROSS

P

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date