

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124458

Entity Name: UNIQUE LINGERIE, INC.

FILED  
Feb 25, 2008  
Secretary of State

## Current Principal Place of Business:

5445 N.E. 1ST LANE  
OCALA, FL 34470 US

## New Principal Place of Business:

2005 E SILVER SPRINGS BLVD  
OCALA, FL 34470 US

## Current Mailing Address:

5445 N.E. 1ST LANE  
OCALA, FL 34470 US

## New Mailing Address:

5445 NE 1ST LANE  
OCALA, FL 34470 US

FEI Number: 61-1547436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNER-DEGENESTE, EDNA B  
5445 N.E. 1ST LANE  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

TURNER-DEGENESTE, EDNA B  
5445 NE 1ST LANE  
OCALA, FL 34470 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:

02/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: TURNER-DEGENESTE, EDNA B  
Address: 5445 N.E. 1ST LANE  
City-St-Zip: OCALA, FL 34470 US

Title: TRES (X) Delete  
Name: TURNER-DEGENESTE, EDNA B  
Address: 5445 N.E. 1ST LANE  
City-St-Zip: OCALA, FL 34470 US

Title: SECT (X) Delete  
Name: TURNER-DEGENESTE, EDNA B  
Address: 5445 N.E. 1ST LANE  
City-St-Zip: OCALA, FL 34470 US

Title: DIR (X) Delete  
Name: TURNER-DEGENESTE, EDNA B  
Address: 5445 N.E. 1ST LANE  
City-St-Zip: OCALA, FL 34470 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: TURNER-DEGENESTE, EDNA B  
Address: 5445 NE 1ST LANE  
City-St-Zip: OCALA, FL 34470 US

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: EDNA TURNER-DEGENESTE

P

02/25/2008

Electronic Signature of Signing Officer or Director

Date