

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000045983

FILED
Feb 02, 2009
Secretary of State

Entity Name: BOUTIQUE FOR A WEEK, INC.

Current Principal Place of Business:

433 ENGLISH LAKE DRIVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

433 ENGLISH LAKE DRIVE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 37-1566220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, SANDRA M
433 ENGLISH LAKE DRIVE
WINTER GARDEN, FL 34787 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, D () Delete
Name: WALKER, GAIL
Address: 242 LAKE DARBY PLACE
City-St-Zip: GOTH, FL 34734

Title: VP, () Delete
Name: BROOKS, SANDRA M
Address: 433 ENGLISH LAKE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: JONES, KRISTEN
Address: 982 CAMPBELLO STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete
Name: TRAUGOTT, KELLY
Address: 727 SHADOWMOSS DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: BROOKS, SANDRA M
Address: 433 ENGLISH LAKE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP, (X) Change () Addition
Name: JONES, KRISTEN
Address: 982 CAMPBELLO STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S, D (X) Change () Addition
Name: TRAUGOTT, KELLY
Address: 727 SHADOWMOSS DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

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: SANDRA M. BROOKS

P, D

02/02/2009

Electronic Signature of Signing Officer or Director

Date