## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P08844 04-24-2006 90390 018 \*\*\*150.00 1. Entity Name FIRST LADY INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 40057259 5827 COPORATE WAY 5827 COPORATE WAY WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032006 Cha-P CR2E034 (11/05) City & State City & State Applied For 4 FEL Number 51-0278165 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAUNCEY, HARRISON K JR. 777 SOUTH FLAGLER DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 200, EAST TOWER WEST PALM BEACH, FL 33401 City Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition MARTIN, LESLIE E NAME NAME STREET ADDRESS 2000 SOUTH OCEAN BLVD. STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP President TITLE Delete TITLE Change Addition NAME WALMSLEY, SCOTT NAME Anthony S. Sciara 862 FOREST GLEN LANE STREET ADDRESS STREET ADDRESS 801 South Olive Ave Apt. #1603 CITY-ST-ZIP WELLINGTON, FL 33414 CITY+ST-7IP West Palm Beach, F1. 33401 TITLE ☐ Delete \_\_\_ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE \_\_ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leslie E. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF BE

04-18-06

561 697 9494 Ext 316

Daytime Phone #

**FILED**