

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90031 020 ***150.00

DOCUMENT # P08844	
1. Entity Name FIRST LADY INTERNATIONAL CORPORATION	

Principal Place of Business 5827 COPORATE WAY WEST PALM BEACH, FL 33407	Mailing Address 5827 COPORATE WAY WEST PALM BEACH, FL 33407
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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03302007 Chg-P CR2E034 (12/06)

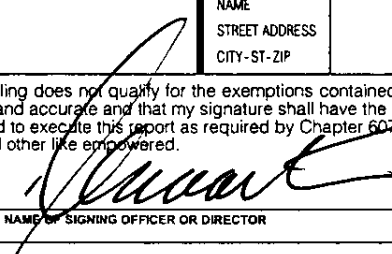
4. FEI Number 51-0278165	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHAUNCEY, HARRISON K JR. 777 SOUTH FLAGLER DRIVE SUITE 200, EAST TOWER WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, LESLIE E 2000 SOUTH OCEAN BLVD. PALM BEACH, FL 33480 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Martin, Leslie E 16 Sloans Curve Drive Palm Beach, Fl 33480 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCIARA, ANTHONY S 801 SOUTH OLIVE AVE APT 1603 WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 	03-30-07 561-697-9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #