2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Leslie E. Martin

SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE:

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # P08844 04-11-2007 90031 020 ***150.00 1. Entity Name FIRST LADY INTERNATIONAL CORPORATION Principal Place of Business Mailing Address 400001~ 5827 COPORATE WAY 5827 COPORATE WAY WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business - No P.O. Box # 3. Mailino Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 51-0278165 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAUNCEY, HARRISON K JR. Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DRIVE SUITE 200, EAST TOWER WEST PALM BEACH, FL 33401 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **对** Delete Chairman TITLE Addition Change : MARTIN, LESLIE E Martin, Leslie E 16 Sloans Curve Drive NAME NAME STREET ADDRESS 2000 SOUTH OCEAN BLVD. STREET ADDRESS CITY-ST-7IP PALM BEACH, FL 33480 CITY-ST-7IP Palm Beach, Fl 33480 Addition Delete TITLE TITLE Change SCIARA, ANTHONY S NAME NAME STREET ADDRESS 801 SOUTH OLIVE AVE APT 1603 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE The lete TITLE Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE The Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accurace 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 exposured.

03-30-07

561-697-9494

Daytime Phone #

FILED