

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000024617

Entity Name: NEJAME'S TABOULE, INC.

FILED
Feb 09, 2007
Secretary of State

Current Principal Place of Business:

830 S COUNTY RD 427 UNIT 262
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

830 S COUNTY RD 427 UNIT 262
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-3169431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEJAME, ALAN
830 S COUNTY RD 427 UNIT 262
LONGWOOD, FL 32750 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: DPT () Delete
Name: NEJAME, ALAN
Address: 103 CROWN OAKS WAY
City-St-Zip: LONGWOOD, FL 32779

Title: DVS () Delete
Name: DEMETREE, MICHELLE
Address: 224 SPRINGSIDE DRIVE
City-St-Zip: LONGWOOD, FL

Title: VP (X) Delete
Name: LEE, CHRISTOPHER
Address: 1025 WILD MERE COVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change () Addition
Name: NEJAME, ALAN
Address: 626 ORANGE DRIVE, UNIT 242
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DPT (X) Change () Addition
Name: LEE, CHRISTOPHER
Address: 1025 WILDMERE COVE
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER LEE

DPT

02/09/2007

Electronic Signature of Signing Officer or Director

Date