


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000074196

1. Entity Name
SERENITY PROJECTS, INC.



Principal Place of Business 224 DATURA ST 309 WEST PALM BEACH, FL 33401 US	Mailing Address 224 DATURA ST 309 WEST PALM BEACH, FL 33401 US
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4-25-07 80033-15

U00000712060



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0709966	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**HOYTE, JENNIFER A
 16734 91 ST PL N
 LOXAHATCHEE, FL 33470**

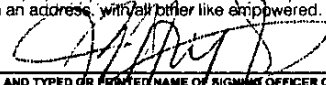
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAN, DALE A 16734 91ST PL N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NYSHA, BEBE 6850 NW 69TH CT TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOYTE, JENNIFER 16734 91 ST PL N LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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 a title like empowered.

SIGNATURE:  **4/11/07** **561-833-9212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #