

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V53115

Entity Name: SWISSY, INC.

FILED
Apr 02, 2005
Secretary of State

Current Principal Place of Business:

2765 SEABREEZE DRIVE SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

2765 SEABREEZE DRIVE SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-3168789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEMAIRE, PATRICK P MR.
2765 SEABREEZE DRIVE SOUTH
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

LEMAIRE, NELLY MRS
2765 SEABREEZE DRIVE SOUTH
GULFPORT, FL 33707 US

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: NELLY LEMAIRE

04/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NELLY, LEMAIRE
Address: 2765 SEABREEZE DR. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP () Delete
Name: HAEUSLER, CHRISTOPH M
Address: 2765 SEABREEZE DR. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: D () Delete
Name: LEMAIRE, PATRICK P MR.
Address: 2765 SEABREEZE DR. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NELLY, LEMAIRE MRS
Address: 2765 SEABREEZE DR. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: VP (X) Change () Addition
Name: BOSIC, MIRJANA M MRS
Address: 2765 SEABREEZE DR. SOUTH
City-St-Zip: GULFPORT, FL 33707

Title: D (X) Change () Addition
Name: VALENTINE, KATHY MRS
Address: 2765 SEABREEZE DR. S.
City-St-Zip: GULFPORT, FL 33707

Title: D () Change (X) Addition
Name: RICHARD, HEINZER W MR
Address: 6860 GULFPORT BLVD. 171
City-St-Zip: SOUTH PASADENA, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NELLY LEMAIRE

P

04/02/2005

Electronic Signature of Signing Officer or Director

Date