2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004464

Entity Name: QUEEN FOR A DAY, INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3289 THOREAU AVE. 2467 RAIN LILY WAY TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311

Current Mailing Address: New Mailing Address:

3289 THOREAU AVE. 2467 RAIN LILY WAY TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311

FEI Number: 64-0928748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EDWARDS, JENNA

1848 SW 11TH TERRACE
MIAMI, FL 33135 US

EDWARDS, JENNA
1016 NE 4TH STREET
HALLANDALE, FL 33009 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: 04/16/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition

 Name:
 EDWARDS, JENNA
 Name:
 EDWARDS, JENNA

 Address:
 1848 SW 11TH TERRACE
 Address:
 1016 NE 4TH STREET

 City-St-Zip:
 MIAMI, FL 33135
 City-St-Zip:
 HALLANDALE, FL 33009

Title: VP () Delete Title: VP (X) Change () Addition Name: EDWARDS, DEBBIE PWARDS, DEBBIE

Name:EDWARDS, DEBBIEName:EDWARDS, DEBBIEAddress:3289 THOREAU AVEAddress:2467 RAIN LILY WAYCity-St-Zip:TALLAHASSEE, FL 32311City-St-Zip:TALLAHASSEE, FL 32311

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 EDWARDS, TOM
 Name:
 EDWARDS, TOM

 Address:
 3289 THOREAU AVE.
 Address:
 2467 RAIN LILY WAY

 City-St-Zip:
 TALLAHASSEE, FL 32311
 City-St-Zip:
 TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE EDWARDS VP 04/16/2008