

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003263

FILED  
Mar 20, 2008  
Secretary of State

Entity Name: FACES MODELING TROUPE INC

**Current Principal Place of Business:**

609 CASA PARK COURT A  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

609 CASA PARK COURT A  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

DUPONT, AKIL  
609 CASA PARK COURT A  
WINTER SPRINGS, FL 32708 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

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: DUPONT, AKIL  
Address: 609 CASA PARK COURT A  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: P ( ) Delete  
Name: LAMAR, CHERYL  
Address: 129-69 MALLORY CIRCLE #107  
City-St-Zip: ORLANDO, FL 32828

Title: TREA ( ) Delete  
Name: HOWEY, KEI'SHAE  
Address: 2833 S ADAMS ST APT 01 105  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: EVP (X) Change ( ) Addition  
Name: WATTS, LEON  
Address: 3000 S. ADAMS ST. #724  
City-St-Zip: TALLAHASSEE, FL 32301

Title: EVP (X) Change ( ) Addition  
Name: HORTON, CLIFF  
Address: 1709 HOLTON ST  
City-St-Zip: TALLAHASSEE, FL 32310

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: AKIL DUPONT

CEO

03/20/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date