2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90054 002 ***150.00

DOCUMENT # 493450

1. Entity Name
NEEDLEPOINT ORIGINALS, INC.

Principal Place of Business	Mailing Address
702 E LAS OLAS BLVD FT. LAUDERDALE, FL 33301	702 E LAS OLAS BLVD FT. LAUDERDALE, FL 33301

01142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
806 E. LAS OLAS BLVD	806 E. Las Olas Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State: Ft Lauderdale FL
Zip: 33301 Country:	Zip: 33301 Country:

4. FEI Number 59-1712859 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BANCEL, JOAN 702 E LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	Name: BANCEL, JOAN (Same Agent) Street Address (P.O. Box Number is Not Acceptable): 806 E. Las Olas Blvd City: Ft Lauderdale FL Zip Code: 33301

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: Joan Bancel DATE: 1-18-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	BANCEL, JEAN-ERIC	NAME	SAME
STREET ADDRESS	~~702~~ E LAS OLAS BLVD	STREET ADDRESS	806 E. LAS OLAS BLVD
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP	SAME Ft Lauderdale 33301
TITLE	DS ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	BANCEL, JOAN	NAME	Same
STREET ADDRESS	~~702~~ E LAS OLAS BLVD	STREET ADDRESS	806 E. Las Olas BLVD
CITY-ST-ZIP	FT LAUDERDALE, FL 00000,	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: Joan Bancel DS 1-18-08 954 463 1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #