

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002051

FILED
Mar 03, 2008
Secretary of State

Entity Name: SNAP DRAPE INTERNATIONAL, INC.

Current Principal Place of Business:

2045 WESTGATE DRIVE SUITE 100
CARROLLTON, TX 75006

New Principal Place of Business:

Current Mailing Address:

2045 WESTGATE DRIVE SUITE 100
CARROLLTON, TX 75006

New Mailing Address:

FEI Number: 75-1464316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPS () Delete
Name: GARLISH, DARRIN
Address: 2045 WESTGATE DRIVE SUITE 100
City-St-Zip: CARROLLTON, TX 75006

Title: D () Delete
Name: PHILLIPS, JOHN
Address: 2045 WESTGATE DRIVE SUITE 100
City-St-Zip: CARROLLTON, TX 75006

Title: D () Delete
Name: NORRIS, FELTON
Address: 2045 WESTGATE DRIVE SUITE 100
City-St-Zip: CARROLLTON, TX 75006

Title: T () Delete
Name: NEALON, TIMOTHY J
Address: 2045 WESTGATE DRIVE SUITE 100
City-St-Zip: CARROLLTON, TX 75006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY J NEALON

CFO

03/03/2008

Electronic Signature of Signing Officer or Director

_____ Date