2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19585

Title:

Name:

Address:

City-St-Zip:

PD

() Delete

IRWIN, WANDA REGENSDO

FORT LAUDERDALE, FL 33306

2632 NE 27TH ST

Entity Name: CROSS STITCH CUPBOARD, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1600 N.E. 26TH ST. FT LAUDERDALE, FL 33305 **Current Mailing Address: New Mailing Address:** 1600 N.E. 26TH ST FT LAUDERDALE, FL 33305 FEI Number: 59-2084138 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: OWEN RICHARD D. 1650 NE 26 ST FORT LAUDERDALE, FL 33305 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SWARTZWELDER, MITTEN, Name: Name: 5820 S.W. 7TH ST. Address: Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: Title: () Delete () Change () Addition SWARTZWELDER, KATHY, Name: Name: 5820 SW 7TH ST. Address: Address: PLANTATION, FL 33317 City-St-Zip: City-St-Zip: Title: Title: DT () Delete () Change () Addition OWEN, RICHARD, Name: Name: 2621 CLEMATIS PLACE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: () Delete Title: () Change () Addition OWEN, KAREN, Name: Name: Address: 2621 CLEMATIS PLACE Address: City-St-Zip: FORT LAUDERDALE, FL 33301 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KATHY SWARTZWELDER D 04/29/2008

() Change () Addition