


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90032 029 ***150.00

DOCUMENT # P07000124123

1. Entity Name
 SEW WHAT'S NEW EMBROIDERY INC.



Principal Place of Business 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 US	Mailing Address 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 US
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2. Principal Place of Business - No P.O. Box # <i>5249 COCONUT CREEK PKWY</i>	3. Mailing Address <i>5249 COCONUT CREEK PKWY</i>	07082008	Chg-P	CR2E034 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

City & State <i>MARGATE, FL</i>	City & State <i>MARGATE FL</i>	4. FEI Number <i>26-1429124</i>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip <i>33063</i>	Country	Zip <i>33-063</i>	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE LAW OFFICES OF NICK SPRADLIN, PLLC
 12000 NORTH DALE MABRY HWY
 SUITE 110
 TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name *STUART ROSEN*
 Street Address (P.O. Box Number is Not Acceptable)
5249 COCONUT CREEK PKWY
 City *MARGATE* FL Zip Code *33063*

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: *STUART ROSEN* DATE: *7/9/08*

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 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., this corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROSEN, STUART 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROSEN, DONNA 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROSEN, STUART 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, DONNA 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ROSEN, STUART 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ROSEN, DONNA 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stuart Rosen* DATE: *7/9/08* DAYTIME PHONE #: *954-977-3339*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR