

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 587590

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: LUDWIG FRAMEMAKERS, INC.

**Current Principal Place of Business:**

1299 S. DIXIE HWY.  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

1299 S. DIXIE HWY.  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 59-1850299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUDWIG, ALAN  
1299 S. DIXIE HWY.  
DEERFIELD BEACH, FL 33441 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: P ( ) Delete  
Name: LUDWIG, ALAN  
Address: 4201 N.W. 5TH AVENUE  
City-St-Zip: BOCA RATON, FL 33431

Title: VP ( ) Delete  
Name: LUDWIG, LINDA C  
Address: 4201 NW 5TH AVE  
City-St-Zip: BOCA RATON, FL 33431

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

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: ALAN LUDWIG

P

01/26/2009

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

\_\_\_\_\_ Date