


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # H06972 1. Entity Name ACRYLIC ACCESSORIES, INC.	
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Principal Place of Business 2430 SHADOWLAWN DR., #12 NAPLES, FL 34112 US	Mailing Address 2430 SHADOWLAWN DR., #12 NAPLES, FL 34112 US
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DO NOT WRITE IN THIS SPACE

01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2414658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDONALD, STANLEY A
2430 SHADOWLAND DR., #12
NAPLES, FL 34112**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PDS	NAME STERN, F. MARIE
STREET ADDRESS 4139 TAMiami TRAIL NORTH	
CITY-ST-ZIP NAPLES, FL	
TITLE AS	NAME MCDONALD, STANLEY A.
STREET ADDRESS 2430 SHADOWLAWN DR., #12	
CITY-ST-ZIP NAPLES, FL 34112	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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U00000630942
02/20/07-80027-011-150.00

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: F. Marie Stern *F. Marie Stern* **1/12/07** **239-775-7710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #