

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H20988

FILED
Feb 25, 2009
Secretary of State

Entity Name: CLOSET FULL OF LINENS III, INC.

Current Principal Place of Business:

C/O DENISE SILVERMAN
2200 WEST GLADES ROAD, SUITE 915
BOCA RATON, FL 33431 US

Current Mailing Address:

C/O DENISE SILVERMAN
2200 WEST GLADES ROAD, SUITE 915
BOCA RATON, FL 33431 US

New Principal Place of Business:

C/O DENISE SILVERMAN
2240 N.W. 19TH ST. SUITE #915
BOCA RATON, FL 33431 US

New Mailing Address:

C/O DENISE SILVERMAN
2240 N.W. 19TH ST. SUITE #915
BOCA RATON, FL 33431 US

FEI Number: 59-2454837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERMAN, DENISE
2200 WEST GLADES ROAD
SUITE 915
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SILVERMAN, DENISE
2240 N.W. 19TH ST.
SUITE 915
BOCA RATON, FL 33431 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:

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILVERMAN, DENISE
Address: 10258 LEXINGTON ESTATES BLVD
City-St-Zip: BOCA RATON, FL 33428

Title: VP () Delete
Name: LENNON, DONNA
Address: 4464 WOODFIELD BLVD
City-St-Zip: BOCA RATON, FL

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: DENISE SILVERMAN

P

02/25/2009

Electronic Signature of Signing Officer or Director

Date