

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J50785

FILED
Jan 23, 2009
Secretary of State

Entity Name: PERSONALIZED FRAMES, INC.

Current Principal Place of Business:

308 E. KENNEDY BLVD
P.O. BOX 2555
EATONVILLE, FL 327519010

New Principal Place of Business:

308 E. KENNEDY BLVD
EATONVILLE, FL 327519010

Current Mailing Address:

308 E. KENNEDY BLVD
P.O. BOX 2555
EATONVILLE, FL 327519010

New Mailing Address:

308 E. KENNEDY BLVD
EATONVILLE, FL 32751

FEI Number: 59-2768440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLTON, SAMUEL
344 E 13TH ST
APOPKA, FL 32703 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: DP () Delete
Name: CHARLTON, SAMUEL,
Address: 344 E 13TH ST.
City-St-Zip: APOPKA, FL

Title: DT () Delete
Name: CHARLTON, ISAIAH C., JR.
Address: 1865 PATTERSON AVE.
City-St-Zip: ORLANDO, FL

Title: DS () Delete
Name: CHARLTON, BEVERLY J
Address: 344 E. 13TH ST.
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMUEL CHARLTON

DP

01/23/2009

Electronic Signature of Signing Officer or Director

Date