

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78297

FILED
Feb 22, 2007
Secretary of State

Entity Name: MDS DISCOUNT EMBROIDERY, INC.

Current Principal Place of Business:

1331 LAVIN LANE
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

1331 LAVIN LANE
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 65-0324241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAPIRO, SAMUEL
1820 SE 36 TERRACE
CAPE CORAL, FL 33904 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: D () Delete
Name: SHAPIRO, SAMUEL DIRECTO
Address: 1820 SE 36 TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: PALUMBO, NANNETTE S DIRECTO
Address: 3628 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: SHAPIRO, MAE E DIRECTO
Address: 1820 SE 36 TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: PALUMBO, JOHN DIRECTO
Address: 3628 SE 12TH AVE
City-St-Zip: CAPE CORAL, FL 33904 US

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 SHAPIRO

_____ Electronic Signature of Signing Officer or Director

CHAI

02/22/2007

_____ Date