

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78297

FILED  
Jan 24, 2008  
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:**

PALUMBO, NANNETTE PRESIDE  
3628 SE 18TH AVE  
CAPE CORAL, FL 33904 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: NANNETTE PALUMBO      01/24/2008  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      (X) 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      (X) 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: D      (X) Change ( ) Addition  
Name: PALUMBO, JOHN  
Address: 3628 SE 18TH AVE  
City-St-Zip: CAPE CORAL, FL 33904 US

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: NANNETTE PALUMBO      PRES      01/24/2008  
Electronic Signature of Signing Officer or Director      Date