

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# M09714

Entity Name: DISTINCTIVE CREATIONS INTERIOR WORKSHOP, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O LINDA CRAWFORD
2126 PIERCE ST.
HOLLYWOOD, FL 33020

Current Mailing Address:

New Mailing Address:

C/O LINDA CRAWFORD
2126 PIERCE ST.
HOLLYWOOD, FL 33020

FEI Number: 59-2477013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CRAWFORD, LINDA V
2126 PIERCE ST.
HOLLYWOOD, FL 33020 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: CRAWFORD, LINDA V
Address: 2126 PIERCE ST
City-St-Zip: HOLLYWOOD, FL 33020

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

Title: DVT () Delete
Name: MCAVOY, PATRICIA L
Address: 2639 HAYS ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: DVT (X) Change () Addition
Name: VANIK, PATRICIA L
Address: 2639 HAYES ST
City-St-Zip: HOLLYWOOD, FL 33020

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: PATRICIA L VANIK

V

04/17/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date