
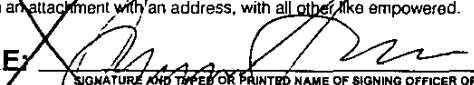


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90017 005 ****61.25

DOCUMENT # N01000008476 1. Entity Name EMBROIDME.COM ADVERTISING FUND, INC.					
Principal Place of Business 2121 VISTA PKWY WEST PALM BEACH, FL 33411			Mailing Address 2121 VISTA PKWY WEST PALM BEACH, FL 33411		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-3009191	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTMAN, KENNETH 2121 VISTA PKWY WEST PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASSETT, BEN <input type="checkbox"/> Delete 1369 N MILITARY TRL WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARREN, TERRY <input type="checkbox"/> Delete 216 S KIRK RD SAINT CHARLES, IL 60174		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D ARRON, TERRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 216 S KIRK RD SAINT CHARLES, IL 60174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENGES, JEFFREY <input type="checkbox"/> Delete 234 S PACIFIC COAST HWY REDONDO BEACH, CA 90277		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SKLAR, JOHNATHAN <input type="checkbox"/> Delete 381 MAIN ST RIVER EDGE, NJ 07661		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, MARC <input checked="" type="checkbox"/> Delete 1032 ROCKVILLE PIKE ROCKVILLE, MD 20852		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, TOM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2274 SOUTH 1300E, UNIT 45 SALT LAKE CITY, U.T. 84106	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERYK, CAROL <input type="checkbox"/> Delete 1026 S 14TH ST KINGSVILLE, TX 78363		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE  4/8/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40102146

N01000008476

Attachment

2008 Not-for-Profit Corporation Annual Report
Embroidme.com Advertising Fund, Inc.

Block 11.

Title: D

Name: Diskin, Todd

Addition

Street-Address: 13410 College Blvd

City-State-Zip: Lenexa, KS 66210