2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2009
Secretary of State

DOCUMENT# N04000008365

Entity Name: SACREDSTEMS, INC.

Current Principal Place of Business:

42 FAIRWAY CIRCLE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

42 FAIRWAY CIRCLE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 20-1883868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OGIE-KRISTIANSON, BONNIE
42 FAIRWAY CIRCLE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

OGIE-KRISTIANSON, BONNIE G
42 FAIRWAY CIRCLE
NEW SMYRNA BEACH, FL 32168 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: BONNIE G. OGIE-KRISTIANSON 01/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: OGIE-KRISTIANSON, BONNIE
Address: 42 FAIRWAY CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete
Name: OGIE-KRISTIANSON, LUCILE
Address: 42 FAIRWAY CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete
Name: OGIE-KRISTIANSON, THOMAS E
Address: 336 LINCOLN STREET
City-St-Zip: GLENVIEW, IL 60025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: OGIE-KRISTIANSON, BONNIE G
Address: 42 FAIRWAY CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD (X) Change ( ) Addition
Name: OGIE-KRISTIANSON, LUCILE E
Address: 42 FAIRWAY CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. OGIE-KRISTIANSON D 01/17/2009
Electronic Signature of Signing Officer or Director Date