



**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # N05000009341 1. Entity Name ATLANTIC SCHOOL OF DRAPERY & HOME DESIGN, INC.	
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Principal Place of Business 5180 W. ATLANTIC AVE #115 DELRAY BEACH, FL 33484	Mailing Address 5180 W. ATLANTIC AVE #115 DELRAY BEACH, FL 33484
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DO NOT WRITE IN THIS SPACE

	
01112008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 20-3427590	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALLOCH, ARLENE
3910 LAKE DR EXTENSION
BOYNTON BCH, FL 33435-8501

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.

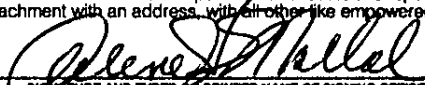
SIGNATURE  DATE 1/11/08

(NOTE: Registered Agent signature required when reinstating)

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	U00000786223 01/17/08-80032-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLOCH, ARLENE 3910 LAKE DRIVE EAST BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVELL, WILLIAM 260 CAGNEY LANE #301 NEWPORT BEACH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORKEY, PATRICIA 5873 WINDWARD CT CLARKSTON, MI 48346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINEBERRY, SANDRA 200 NE 5TH CT DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  President 1/11/08 561-865-8839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #