

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009341

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: ATLANTIC SCHOOL OF DRAPERY & HOME DESIGN, INC.

**Current Principal Place of Business:**

5180 W. ATLANTIC AVE #115  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5180 W. ATLANTIC AVE #115  
DELRAY BEACH, FL 33484

**New Mailing Address:**

FEI Number: 20-3427590

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALLOCH, ARLENE  
3910 LAKE DR EXTENISON  
BOYNTON BCH, FL 334358501 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MALLOCH, ARLENE  
Address: 3910 LAKE DRIVE EAST  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete  
Name: LOVELL, WILLIAM  
Address: 260 CAGNEY LANE #301  
City-St-Zip: NEWPORT BEACH, CA

Title: D ( ) Delete  
Name: FLORKEY, PATRICIA  
Address: 5873 WINDWARD CT  
City-St-Zip: CLARKSTON, MI 48346

Title: D ( ) Delete  
Name: LINEBERRY, SANDRA  
Address: 200 NE 5TH CT  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ARLENE MALLOCH

CEO

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date