

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010373

FILED
Apr 29, 2009
Secretary of State

Entity Name: FRAMEWORK PRODUCTIONS, INC.

Current Principal Place of Business:

1500 14TH AVE., SUITE B
VERO BCH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1500 14TH AVE., SUITE B
VERO BCH, FL 32960

New Mailing Address:

FEI Number: 26-3831487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLMAKER, MONICA
1500 14TH AVE., SUITE B
VERO BCH, FL 32960 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: THIELKE, SUE
Address: 3760 9TH PLACE
City-St-Zip: VERO BCH, FL 32960

Title: VD () Delete
Name: WOOD-HARVEY, DARLENE
Address: 8911 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34234

Title: STD () Delete
Name: WELLMAKER, MONICA
Address: 6235 7TH LANE
City-St-Zip: VERO BCH, FL 32968

Title: D () Delete
Name: ELLIS, FRANK V
Address: 590 CAROLINE DR.
City-St-Zip: VERO BCH, FL 32968

Title: D () Delete
Name: ELLIS, TERRI
Address: 590 CAROLINE DR.
City-St-Zip: VERO BCH, FL 32968

Title: D () Delete
Name: COUNCIL, THOMAS
Address: 6845 51ST AVE.
City-St-Zip: VERO BCH, FL 32967

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:

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: MONICA WELLMAKER

STD

04/29/2009

Electronic Signature of Signing Officer or Director

Date