

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90029 013 \*\*\*150.00

**DOCUMENT # P00000017114**

1. Entity Name  
**EMBROIDME.COM INC.**



Principal Place of Business  
**2121 VISTA PKWY  
WEST PALM BEACH, FL 33411 US**

Mailing Address  
**2121 VISTA PKWY  
WEST PALM BEACH, FL 33411 US**

**40103688**



04032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**11-3532618**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD, #221E  
PALM BEACH GARDENS, FL 33410**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
TITUS, RAYMOND  
7084 PIONEER ROAD  
W. PALM BEACH, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**C/O  
TITUS, RAYMOND  
7084 PIONEER ROAD  
WEST PALM BEACH, FL 33417**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VP  
KATZ, STANLEY M  
303 WALTON STREET  
W. HEMPSTEAD, NY 11552**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**ST  
LEE, ELLEN  
1804 TOM-A-TOE RD.  
BOYNTON BEACH, FL 33426**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S/T/O  
LEE, ELLEN  
1804 TOM-A-TOE RD.  
BOYNTON BEACH, FL 33426**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**P  
JOHNSON, MARK  
2121 VISTA PKWY  
WEST PALM BEACH, FL 33411**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Change ☐ 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 607, 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:

*Mark Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/2008 561-640-5570**  
Date Daytime Phone #