

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036362

FILED
Mar 14, 2007
Secretary of State

Entity Name: ABSOLUTELY NEEDLEPOINT, INC.

Current Principal Place of Business:

2625 SOUTHWEST 28TH STREET
SUITE B
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2625 SOUTHWEST 28TH STREET
SUITE B
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-1002510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLINE, CHARLES C
WHITE & CASE LLP
200 S. BISCAYNE BLVD., STE. 4900
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROOK, HOLLY
Address: 8550 SW 140 TERR
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33158

Title: VP () Delete
Name: BARBER, MARY ANN
Address: 5 SHORE DR EAST
City-St-Zip: MIAMI, FL 33133

Title: VP () Delete
Name: KLINE, LAURA
Address: 8421 PONCE DE LEON ROAD
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: FREELAND, ALLISON
Address: 8901 HAMMOCK LAKE CT
City-St-Zip: CORAL GABLES, FL 33158

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

SIGNATURE: HOLLY W CROOK

PRES

03/14/2007

Electronic Signature of Signing Officer or Director

Date