

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000036362

FILED  
Jun 17, 2009  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
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 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

06/17/2009

Electronic Signature of Signing Officer or Director

Date