

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000036423

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** NEEDLEPOINT FARM, INC.

**Current Principal Place of Business:**

7720 NW 60TH STREET  
CHIEFLAND, FL 32626

**New Principal Place of Business:**

2202 NORTH YOUNG BLVD.  
SUITE 204-22  
CHIEFLAND, FL 32626

**Current Mailing Address:**

2202 NORTH YOUNG BLVD.  
SUITE 204- 22  
CHIEFLAND, FL 32626

**New Mailing Address:**

2202 NORTH YOUNG BLVD.  
SUITE 204-22  
CHIEFLAND, FL 32626

**FEI Number:** 65-1008044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DARWIN, DEBORAH CEO  
2202 NORTH YOUNG BLVD.  
SUITE 204-22  
CHIEFLAND, FL 32626 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: MS.  
Name: DARWIN, DEBORAH CEO  
Address: 2202 NORTH YOUNG BLVD. SUITE 204-22  
City-St-Zip: CHIEFLAND, FL 32626

I hereby 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 all other like empowered.

SIGNATURE: DEBORAH DARWIN

CEO

03/31/2011

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

\_\_\_\_\_  
Date