2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

OR PRINTED NAME OF SIGN

SIGNATURE

Apr 25, 2008 8:00 am Secretary of State DOCUMENT # P00000103290 04-25-2008 90136 046 ***150.00 1. Entity Name NEEDLES AND THREAD, INC Principal Place of Business Mailing Address 212 WILLIAMS AVENUE 212 WILLIAMS AVENUE PORT SAINT JOE, FL 32456 US PORT SAINT JOE, FL 32456 2. Principal Place of Business - No P.O. Box # 406 Read Ave 3. Mailing Address 1400 MONUMENT Suite, Apt. #. etc. Suite, Apt. #, etc 04102008 Chg-P CR2E034 (12/06) PORT ST. Jac FI City & State 4. EEL Number Applied For 59-3680704 **Yoet** Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOUINGTON, VON E Street Address (P.O. Box Number is Not Acceptable) 212 WILLIAMS AVENUE PORT SAINT JOE, FL 32456 Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 "After May-1;-2008 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Change Addition BOUINGTON, VON E 1400 MONUMENT AVE STREET ADDRESS STREET ADDRESS CITY-ST-Z(P PORT ST JOE, FL 32456 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 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

WN E BOUNDATION PORS, JONT 4-14-08 850-727 9880