2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008
Secretary of State

DOCUMENT# P00000116949

Entity Name: POETIC FORM, INC.

Current Principal Place of Business:

2199 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2199 PONCE DE LEON BLVD.
SUITE 304
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-1065753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSSON, LISELOTT
626 CORAL WAY
1403
CORAL GABLES, FL 331347509 US

Name and Address of New Registered Agent:

JOHNSSON, LISELOTT
2199 PONCE DE LEON BLVD.
304
CORAL GABLES, FL 33134 US

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: 01/15/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSSON, LISELOTT
Address: 626 CORAL WAY, #1403
City-St-Zip: CORAL GABLES, FL 331347509 US

Title: V ( ) Delete
Name: ARMENTEROS, JORGE
Address: 626 CORAL WAY, #1403
City-St-Zip: CORAL GABLES, FL 331347509 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHNSSON, LISELOTT
Address: 2199 PONCE DE LEON BLVD. SUITE 304
City-St-Zip: CORAL GABLES, FL 33134 US

Title: V (X) Change ( ) Addition
Name: ARMENTEROS, JORGE
Address: 2199 PONCE DE LEON BLVD. SUITE 304
City-St-Zip: CORAL GABLES, FL 33134 US

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: LISELOTT JOHNSSON P 01/15/2008
Electronic Signature of Signing Officer or Director — Date