

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000023466

FILED
Jul 08, 2009
Secretary of State

Entity Name: WRITE ALL ABOUT IT INC.

Current Principal Place of Business:

% CG ACCOUNTING CORP.
4101 RAVENSWOOD ROAD, SUITE 308
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

% 13311 TOUCHSTONE PLACE
PALM BEACH GARDENS, FL 33418 US

Current Mailing Address:

% CG ACCOUNTING CORP.
4101 RAVENSWOOD ROAD, SUITE 308
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

% 13311 TOUCHSTONE PLACE
PALM BEACH GARDENS, FL 33418 US

FEI Number: 01-0621708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDIS, DAVID
4101 RAVENSWOOD ROAD
STE 308
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

WASSERMAN, MARCIA
% 13311 TOUCHSTONE PLACE
PALM BEACH GARDENS, FL 33418 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: MARCIA WASSERMAN

07/08/2009

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: PSTD () Delete
Name: AGRAS, SOFIA
Address: 4101 RAVENSWOOD ROAD SUITE 308
City-St-Zip: FORT LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: AGRAS, SOFIA
Address: 1112 MONTANA AVE. , #715
City-St-Zip: SANTA MONICA, CA 90403 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: SOFIA AGRAS

PSTD

07/08/2009

Electronic Signature of Signing Officer or Director

Date