

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059439

Entity Name: THREADCOUNT, INC.

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

1250 20TH STREET
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

1935 WEST AVENUE
SUITE 107
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1250 20TH STREET
MIAMI BEACH, FL 33139 US

New Mailing Address:

1935 WEST AVENUE
SUITE 107
MIAMI BEACH, FL 33139 US

FEI Number: 56-2381955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, ROBERT
1020 NORTH SHORE DRIVE
MIAMI, FL 33141 US

Name and Address of New Registered Agent:

SCHWARTZ, ROBERT
1935 WEST AVENUE
SUITE 107
MIAMI BEACH, FL 33139 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:

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: SCHWARTZ, ROBERT J
Address: 1020 NORTH SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: SCHWARTZ, ROBERT J
Address: 1935 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT SCHWARTZ

PRES

04/20/2005

Electronic Signature of Signing Officer or Director

Date