



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90026 033 \*\*\*150.00

<b>DOCUMENT # P04000043832</b> 1. Entity Name <b>EXOTIC EMBROIDERY OF CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>4304 QUAIL ROOST ROAD ST. CLOUD, FL 34772</b>			Mailing Address <b>4304 QUAIL ROOST RD SAINT CLOUD, FL 34772</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04072008    Chg-P    CR2E034 (12/06)	
Zip    Country		Zip    Country		4. FEI Number <b>20-0831625</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCALARNEY, NANCY A 102 PARK PLACE BLVD BLDG B, STE 3 KISSIMMEE, FL 34741</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>219 S. CLYDE AVE.</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34741</b>		
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 <i>(X) Nancy A McAlarney</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RHODES, DONNA M 4304 QUAIL ROOST ROAD ST. CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LAWRENCE, DONNA M</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE, MITCHELL L 4304 QUAIL ROOST ROAD ST. CLOUD, FL 34772 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>(X) Donna M Lawrence</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>(X) 5/1/08</i> <small>Date</small> <small>Daytime Phone #</small>		