2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P04000056350

Entity Name: SEW NICE DESIGNS, INC.

Current Principal Place of Business:

4206 CANOLLWOOD VILLAGE CT
TAMPA, FL 33618

New Principal Place of Business:

4206 CARROLLWOOD VILLAGE CT
TAMPA, FL 33618

Current Mailing Address:

4206 CANOLLWOOD VILLAGE CT
TAMPA, FL 33618

New Mailing Address:

4206 CARROLLWOOD VILLAGE CT
TAMPA, FL 33618

FEI Number: 75-3089293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMPSON, JOHN F
4206 CANOLLWOOD VILLAGE CT
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

THOMPSON, JOHN F
4206 CARROLLWOOD VILLAGE CT
TAMPA, FL 33618 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: 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMPSON, PATRICIA
Address: 4206 CANOLLWOOD VILLAGE CT
City-St-Zip: TAMPA, FL 33618

Title: STD ( ) Delete
Name: THOMPSON, JOHN F
Address: 4206 CANOLLWOOD VILLAGE CT
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: THOMPSON, PATRICIA
Address: 4206 CARROLLWOOD VILLAGE CT
City-St-Zip: TAMPA, FL 33618

Title: STD (X) Change ( ) Addition
Name: THOMPSON, JOHN F
Address: 4206 CARROLLWOOD VILLAGE CT
City-St-Zip: TAMPA, FL 33618

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: J.F.THOMPSON STD 04/28/2009
Electronic Signature of Signing Officer or Director — Date