2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 01, 2006 8:00 am DOCUMENT # P04000077435 **Secretary of State** 1. Entity Name 03-01-2006 90002 011 ***150.00 NEEDLEPOINT ALLEY, INC. Principal Place of Business Mailing Address 1201 US HWY 1 SUITE 16. / 8 NORTH PALM BEACH FL 33408 1201 US HWY 1 SUITE 18. 18 NORTH PALM BEACH FL 33408 るい 7 3. Mailing Address 2. Principal Place of Business 1201 US HWY 1201 USHWV1 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number 65-1117247 -Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired DSA 1154 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ATHERINE MCMENIMON, WILLIAM 237 POINCIANA DR JUPITER FL 33458 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. umen SIGNATURE signature, typed or praised name of registered agost and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. KATHERINE VIGNEAU TITLE TITLE Delete MCMENIMON, WILLIAM OWNER NORTH PALM BEACH, FL 33408 STREET ADDRESS 237 POINCIANA DR STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP TITLE ☐ Delete Addition NAME. MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 enhanced.

FILED