


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90402 016 \*\*\*150.00

<b>DOCUMENT # P05000018599</b> 1. Entity Name <b>EMBROIDERY STITCHES PLUS, INC.</b>					
Principal Place of Business <b>1417 DOLGNER PLACE SANFORD, FL 32771</b>			Mailing Address <b>1417 DOLGNER PLACE SANFORD, FL 32771</b>		
2. Principal Place of Business <b>15670 Bonita Blvd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>15670 Bonita Blvd.</b> Suite, Apt. #, etc.			
City & State <b>Keaton Beach</b>		City & State <b>Florida</b>		4. FEI Number <b>13-4292575</b>	
Zip <b>32347</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SENNELLO, LOUIS 1699 REDWOOD GROVE TERR LAKE MARY, FL 32746 15670 Bonita Blvd. Keaton Beach, FL 32347</b>			7. Name and Address of New Registered Agent Name <b>Sennello, Louis</b> Street Address (P.O. Box Number is Not Acceptable) <b>15670 Bonita Blvd.</b> City <b>Keaton Beach</b> <b>FL</b> Zip Code <b>32347</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 _____ DATE <b>4-20-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENNELLO, LOUIS 1699 REDWOOD GROVE TERRACE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sennello, Louis 15670 Bonita Blvd. Keaton Bch, FL 32347	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SENNELLO, JOAN 1699 REDWOOD GROVE TERRACE LAKE MARY, FL 32746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT Sennello, Joan 15670 Bonita Blvd. Keaton Bch, FL 32347	
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	
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	
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	
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, trustee or 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-20-06</b> Daytime Phone # _____		