

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019051

FILED
Apr 20, 2009
Secretary of State

Entity Name: KIM WISE, DESIGNER, INC.

Current Principal Place of Business:

2929 NE 3RD ST
OCALA, FL 34470

New Principal Place of Business:

1701 NE 42ND AVE
SUITE 402
OCALA, FL 34470

Current Mailing Address:

2929 NE 3RD ST
OCALA, FL 34470

New Mailing Address:

1701 NE 42ND AVE
SUITE 402
OCALA, FL 34470

FEI Number: 80-0137804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, KIM
6832 SE 87TH ST
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WISE, KIM
Address: 6832 SE 87TH ST
City-St-Zip: OCALA, FL 34472

Title: VP () Delete
Name: WISE, BOB
Address: 6832 SE 87TH ST
City-St-Zip: OCALA, FL 34472

Title: S () Delete
Name: WISE, MEGAN
Address: 6832 SE 87TH ST
City-St-Zip: OCALA, FL 34472

Title: T () Delete
Name: WISE, AUBREY
Address: 6832 SE 87TH ST
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAULA KIM WISE

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date