## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000139638

Entity Name: POISONED HEART CLOTHING, INC.

6732 WHITE BLOSSOM CIR

JACKSONVILLE, FL 32258

Address:

City-St-Zip:

FILED Jan 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2026 ALTA MEADOWS LANE #905 DELRAY BEACH, FL 33444 US **New Mailing Address: Current Mailing Address:** 2026 ALTA MEADOWS LANE #905 DELRAY BEACH, FL 33444 US FEI Number: 26-1775727 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEBLANC, JOSEPH 2026 ALTA MEADOWS LANE #905 DELRAY BEACH, FL 33444 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEBLANC, JOSEPH Name: Name: 2026 ALTA MEADOWS LANBE #905 Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: WHITE, PETER M 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: JOSEPH LEBLANC VP 01/28/2008