

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076291

FILED
Apr 13, 2009
Secretary of State

Entity Name: FRAME THE WORD SERVICES INC.

Current Principal Place of Business:

3041 NW 67 STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

3041 NW 67 STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 56-2666994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARR, BRENDA
3041 NW 67 STREET
MIAMI, FL 33147 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: D () Delete
Name: BARR, BRENDA O
Address: 3041 NW 67 STREET
City-St-Zip: MIAMI, FL 33147

Title: AED () Delete
Name: BARR, KEVIN E
Address: 3041 NW 67 STREET
City-St-Zip: MIAMI, FL 33147

Title: S () Delete
Name: BARR, CHARITY B
Address: 3041 NW 67 STREET
City-St-Zip: MIAMI, FL 33147

Title: AS () Delete
Name: JOSEPH, CATHERINE
Address: 270 NW 96 STREET
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: LINER, SAM
Address: 1211 SEASAME STREET
City-St-Zip: OPA-LOCKA, FL 33169

Title: D () Delete
Name: JEAN-BAPTISTE, MARIE
Address: 531 NW 73RD LANE
City-St-Zip: MIAMI, FL 33147

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:

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: BRENDA BARR

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date