2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 09, 2009
Secretary of State

DOCUMENT# P07000087642

Entity Name: TAKE A BOW, INC.

Current Principal Place of Business:

5905 4TH ST NORTH
SAINT PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

5905 4TH ST NORTH
SAINT PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 26-0646495 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOY, ELIZABETH
7019 CENTRAL AVENUE
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

PONCE DE LEON, MICHAEL
5905 4TH STREET NORTH
SAINT PETERSBURG, FL 33703 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: MICHAEL PONCE DE LEON 12/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JOY, ELIZABETH
Address: 7019 CENTRAL AVENUE
City-St-Zip: SAINT PETERSBURG, FL 33710 US

Title: PVST ( ) Delete
Name: PONCE DE LEON, MICHAEL
Address: 5905 4 STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PONCE DE LEON, MICHAEL
Address: 5905 4 STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703 US

Title: VP (X) Change ( ) Addition
Name: PONCE DE LEON, SIVILAY
Address: 5905 4 STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33703 US

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: MICHAEL PONCE DE LEON P 12/09/2009
Electronic Signature of Signing Officer or Director Date