2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000093489

Entity Name: SWAG INK CO.

City-St-Zip:

CLEARWATER, FL 33764

FILED Jul 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	NTWOOD DR ATER, FL 337	64			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	NTWOOD DR ATER, FL 337	64			
FEI Number:	: 26-0747605	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	MAITE A NTWOOD DR ATER, FL 337	64 US			
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (GIECEK, MAIT 1830 BRENTW CLEARWATER	OOD DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GUIDA, TRACY	AK DR, UNIT #L11	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () GIECEK, BRENTW		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: MAITE GIECEK P 07/16/2009