


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90032 029 ***150.00

DOCUMENT # P07000124123	
1. Entity Name SEW WHAT'S NEW EMBROIDERY INC.	

Principal Place of Business 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 US	Mailing Address 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 US
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2. Principal Place of Business - No P.O. Box # 5249 COCONUT CREEK PKWY	3. Mailing Address 5249 COCONUT CREEK PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07082008 Chg-P CR2E034 (12/06)

City & State MARGATE FL	City & State MARGATE FL	4. FEI Number 26-1429124	Applied For <input type="checkbox"/> Not Applied
Zip 33063	Country	Zip 33063	Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent THE LAW OFFICES OF NICK SPRADLIN, PLLC 12000 NORTH DALE MABRY HWY SUITE 110 TAMPA, FL 33618	
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7. Name and Address of New Registered Agent Name STUART ROSEN Street Address (P.O. Box Number is Not Acceptable) 5249 COCONUT CREEK PKWY City MARGATE FL Zip Code 33063	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE STUART ROSEN	DATE 7/9/08

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROSEN, STUART 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROSEN, DONNA 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROSEN, STUART 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, DONNA 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ROSEN, STUART 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA ROSEN, DONNA 934 N. UNIVERSITY DR #250 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STUART ROSEN	DATE: 7/9/08	DAYTIME PHONE #: 954-977-3339
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