

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005740

FILED
Aug 26, 2009
Secretary of State

Entity Name: AS YOU WISH PLANNING & CREATIONS, INC.

Current Principal Place of Business:

1100 TRUMAN AVENUE
KEY WEST, FL 33040

New Principal Place of Business:

2 SPOONBILL WAY
KEY WEST, FL 33040

Current Mailing Address:

1100 TRUMAN AVENUE
KEY WEST, FL 33040

New Mailing Address:

PO BOX 6113
KEY WEST, FL 33041

FEI Number: 26-1777936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SALAMONE, KATHERINE E
2 SPOONBILL WAY
KEY WEST, FL 33040 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: KATHERINE E SALAMONE

08/26/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLZ, AMANDA
Address: PO BOX 6113
City-St-Zip: KEY WEST, FL 33041

Title: D () Delete
Name: SALAMONE, KATHERINE E
Address: 1100 TRUMAN AVENUE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VICE (X) Change () Addition
Name: HOLZ, AMANDA
Address: PO BOX 6113
City-St-Zip: KEY WEST, FL 33041

Title: PRES (X) Change () Addition
Name: SALAMONE, KATHERINE E
Address: 2 SPOONBILL WAY
City-St-Zip: KEY WEST, FL 33040

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: KATHERINE E SALAMONE

PRES

08/26/2009

Electronic Signature of Signing Officer or Director

Date