

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000020241

FILED
Apr 30, 2009
Secretary of State

Entity Name: WOOD DESIGNS INT'L DRAPEWARE, INC.

Current Principal Place of Business:

4249 SW SAVONA BLVD
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

2259 SW 167TH PLACE
OCALA, FL 34473 US

Current Mailing Address:

4249 SW SAVONA BLVD
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

2259 SW 167TH PLACE
OCALA, FL 34473 US

FEI Number: 30-0469635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALINDO, KARINA R
4249 SW SAVONA BLVD
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

GALINDO, KARINA R
2259 SW 167TH PLACE
OCALA, FL 34473 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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALINDO, KARINA R
Address: 4249 SW SAVONA BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALINDO, KARINA R
Address: 2259 SW 167TH PLACE
City-St-Zip: OCALA, FL 34473 US

Title: VP () Change (X) Addition
Name: CESAR, GALINDO A
Address: 2259 SW 167TH PLACE
City-St-Zip: OCALA, FL 34473

Title: TREA () Change (X) Addition
Name: CESAR, GALINDO SR
Address: 2259 SW 167TH PLACE
City-St-Zip: OCALA, FL 34473

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: KARINA GALINDO

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date