

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049424

FILED
Apr 30, 2009
Secretary of State

Entity Name: REVELATION STYLES INC.

Current Principal Place of Business:

14344 BRIDGEWATER CROSSINGS BLVD.
WINDERMERE, FL 34786

New Principal Place of Business:

5618 REMSEN CAY LN
WINDERMERE, FL 34786

Current Mailing Address:

14344 BRIDGEWATER CROSSINGS BLVD.
WINDERMERE, FL 34786

New Mailing Address:

13506 SUMMERPORT VILLAGE PKWY. #267
WINDERMERE, FL 34786

FEI Number: 26-3837661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
320 S. FLAMINGO ROAD
347
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: ACEVEDO, SANDRA V
Address: 14344 BRIDGEWATER CROSSINGS BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: S, D () Delete
Name: ACEVEDO, JOSE L
Address: 14344 BRIDGEWATER CROSSINGS BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: ACEVEDO, SANDRA V
Address: 14344 BRIDGEWATER CROSSINGS BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: ROTONDI, CHRISTINA
Address: 14344 BRIDGEWATER CROSSINGS BLVD.
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: KITTLE, BRIAN C
Address: 14344 BRIDGEWATER CROSSINGS BLVD.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SANDRA ACEVEDO

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date