

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096389

FILED
May 29, 2009
Secretary of State

Entity Name: EXOTIC FIBERGLASS DESIGNS, INC.

Current Principal Place of Business:

338 SW BELMONT CIRCLE
PORT ST.LUCIE, FL 34953 US

New Principal Place of Business:

2695 DOMINA STREET
PORT ST.LUCIE, FL 34953 US

Current Mailing Address:

338 SW BELMONT CIRCLE
PORT ST.LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 26-3607990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

CRESANTE, VINCENT E PRES
338 SW BELMONT CIRCLE
PORT ST LUCIE, FL 34953 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: VINCENT E CRESANTE

05/29/2009

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: PVST () Delete
Name: CRESANTE, VINCENT
Address: 338 SW BELMONT CIRCLE
City-St-Zip: PORT ST.LUCIE, FL 34953 US

Title: D () Delete
Name: CRESANTE, VINCENT
Address: 338 SW BELMONT CIRCLE
City-St-Zip: PORT ST.LUCIE, FL 34953 US

Title: D (X) Delete
Name: CRESANTE, AWILDA
Address: 338 S.W. BELMONT CIRCLE
City-St-Zip: PORT ST.LUCIE, FL 34953 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CRESANTE, VINCENT E
Address: 338 SW BELMONT CIRCLE
City-St-Zip: PORT ST.LUCIE, FL 34953 US

Title: VP (X) Change () Addition
Name: CRESANTE, AWILDA
Address: 338 SW BELMONT CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34953

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: VINCENT E CRESANTE

PRES

05/29/2009

Electronic Signature of Signing Officer or Director

Date