

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000046222

FILED
Feb 22, 2012
Secretary of State

Entity Name: SHENANIGANS YARN, INC.

Current Principal Place of Business:

1448 ERROL PARKWAY
APOPKA, FL 32712 US

New Principal Place of Business:

3536 KAYLA CIRCLE
OVIEDO, FL 32765 US

Current Mailing Address:

1448 ERROL PARKWAY
APOPKA, FL 32712 US

New Mailing Address:

3536 KAYLA CIRCLE
OVIEDO, FL 32765 US

FEI Number: 27-2297094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, KIMBERLY M
1448 ERROL PARKWAY
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

BROWN, KIMBERLY M
639 FAIRCHILD AVE
DELTONA, FL 32725 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: KIMBERLY BROWN

02/22/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BROWN, KIMBERLY M
Address: 639 FAIRCHILD AVE
City-St-Zip: DELTONA, FL 32725

Title: P
Name: ROBINSON, SUSAN
Address: 3536 KAYLA CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

Title: T
Name: BROWN, KIMBERLY M
Address: 639 FAIRCHILD AVE
City-St-Zip: DELTONA, FL 32725 US

Title: S
Name: ROBINSON, SUSAN
Address: 3536 KAYLA CIRCLE
City-St-Zip: OVIEDO, FL 32765 US

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY BROWN

D

02/22/2012

Electronic Signature of Signing Officer or Director

Date