

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046216

FILED
Apr 24, 2009
Secretary of State

Entity Name: SANDI LYNNE WRITTEN WORDS, INC.

Current Principal Place of Business:

9119 E BOCA GARDENS CIRCLE SOUTH
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

9119 E BOCA GARDENS CIRCLE SOUTH
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 11-2630694 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LYNNE, SANDI
WALL STREET IN ADVANCE
9119 E BOCA GARDENS CIRCLE SOUTH
BOCA RATON, FL 33496 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 () Delete
Name: LYNNE, SANDI
Address: 9119 E BOCA GARDENS CIRCLE SOUTH
City-St-Zip: BOCA RATON, FL 33496

Title: ST () Delete
Name: FREEMAN, RITA
Address: 14265 RUBY POINTE DR
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SANDI LYNNE

PRES

04/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date