

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000046216

**FILED**  
**Apr 27, 2011**  
**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:**

9119-E BOCA GARDENS CIRCLE SOUTH  
BOCA RATON, FL 33496

**Current Mailing Address:**

9119 E BOCA GARDENS CIRCLE SOUTH  
BOCA RATON, FL 33496

**New Mailing Address:**

9119-E BOCA GARDENS CIRCLE SOUTH  
BOCA RATON, FL 33496

FEI Number: 11-2630694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LYNNE, SANDI  
Address: 9119 E BOCA GARDENS CIRCLE SOUTH  
City-St-Zip: BOCA RATON, FL 33496

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

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: SANDI LYNNE

PRES

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date