
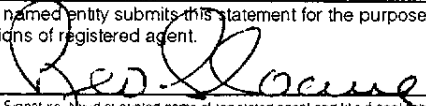
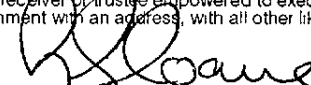


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000073648 1. Entity Name MARION'S NIMBLE NEEDLE, INC.					
Principal Place of Business 23269 S. R. 7 113 BOCA RATON FL 33428 US			Mailing Address 23269 S. R. 7 113 BOCA RATON FL 33428 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0614166	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SLOANE, LEO 8782 CHUNNEL TERR BOCA RATON FL 33433				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		Signature, typed or printed name of registered agent and title if applicable LEO SLOANE		DATE 4/1/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOANE, LEO		NAME		
STREET ADDRESS	8782 CHUNNEL TERRACE		STREET ADDRESS		
CITY, ST, ZIP	BOCA RATON FL 33433		CITY, ST, ZIP	000000253791 03/07/05-80043-022 150.00	
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHIAVARI, LAURIE		NAME		
STREET ADDRESS	10073 NW 19TH STREET		STREET ADDRESS		
CITY, ST, ZIP	CORAL SPRINGS FL 33071		CITY, ST, ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LEO SLOANE		DATE 4/1/05 961-427-1319	