2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004
Secretary of State

DOCUMENT# S76237

Entity Name: EMBELLISHMENTS, INC.

Current Principal Place of Business:

4271 MOURNING DOVE DRIVE
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

4271 MOURNING DOVE DRIVE
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 65-0282737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, CHERYL F.
1460 GOLDEN GATE PKWY
SUITE 103
NAPLES, FL 34105

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: D ( ) Delete
Name: ALLEN, CHERYL F.,
Address: 1460 GOLDEN GATE PKWY, STE 103-4005
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete
Name: CAMPBELL, JULIE
Address: 4271 MOURNING DOVE DRIVE
City-St-Zip: NAPLES, FL 34119

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 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 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: JULIE CAMPBELL D 03/04/2004

Electronic Signature of Signing Officer or Director Date