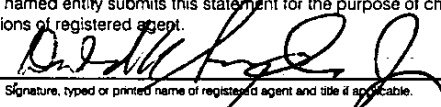


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90262 038 ***150.00

DOCUMENT # P05000097796 1. Entity Name L.C. DESIGNS INC.					
Principal Place of Business 881 SUNRISE ROAD VENICE, FL 34293 US			Mailing Address 881 SUNRISE ROAD VENICE, FL 34293 US		
2. Principal Place of Business - No P.O. Box # 6860 OLD LAUREL RD		3. Mailing Address 6860 OLD LAUREL RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hickory NC		City & State Hickory NC		4. FEI Number 20-3136905	
Zip 28602		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUFFUS, LINDA 881 SUNRISE ROAD VENICE, FL 34293			7. Name and Address of New Registered Agent Name DONALD H. SNYDER, JR Street Address (P.O. Box Number is Not Acceptable) 5603 26th ST. W. City BRADENTON FL Zip Code 34207		
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  DATE 3/12/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P DUFFUS, LINDA 881 SUNRISE ROAD VENICE, FL 34293	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6860 OLD LAUREL RD. HICKORY NC 28602
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S DUFFUS, CLIFF 881 SUNRISE ROAD VENICE, FL 34293	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6860 OLD LAUREL RD. HICKORY NC 28602
☐ Change ☐ Addition		☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ Addition		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Change ☐ Addition		☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE 3/12/08 DAYTIME PHONE # 828 574 049 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40097687



01242008 Chg-P CR2E034 (12/06)