

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059410

FILED
Jan 16, 2008
Secretary of State

Entity Name: DESIGNS BY SEAN, INC.

Current Principal Place of Business:

1300 STIRLING RD
7A
DANIA, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

1300 STIRLING RD
7A
DANIA, FL 33004 US

New Mailing Address:

FEI Number: 65-0516661 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFREITAS, SEAN
1300 STIRLING ROAD
7A
DANIA, FL 33004 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: PDT () Delete
Name: DEFREITAS, SEAN
Address: 1687 NE 34 DRIVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: S () Delete
Name: QUEEN, NADINE
Address: 3762 SAWGRASS DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: DEFREITAS, SEAN
Address: 1687 NE 34 DRIVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: T () Delete
Name: DEFREITAS, SEAN
Address: 1687 NE 34 DRIVE
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CATHY SHAFFNER

ADM

01/16/2008

Electronic Signature of Signing Officer or Director

_____ Date