


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90006 006 ***150.00

DOCUMENT # P96000101394

1. Entity Name
BARBARA TATTERSFIELD DESIGN, INC.



Principal Place of Business 425 W. NEW ENGLAND AVE. #200 WINTER PARK FL 32789	Mailing Address 425 W. NEW ENGLAND AVE. #200 WINTER PARK FL 32789
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2. Principal Place of Business 139 N. COUNTY ROAD SUITE 15	3. Mailing Address 139 N. COUNTY ROAD SUITE 15
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City & State PALM BEACH, FL.	City & State PALM BEACH, FL.	4. FEI Number 59-3117046	Applied For <input type="checkbox"/> Not Applicable
Zip 33480	Country PALM BEACH	Zip 33480	Country PALM BEACH



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
**TATTERSFIELD, BARBARA
 2106 WILLOW BRICK ROAD
 WINDERMERE FL-34786**

address change.

7. Name and Address of New Registered Agent
 Name **BARBARA TATTERSFIELD**
 Street Address (P.O. Box Number is Not Acceptable) **3360 SOUTH OCEAN BLVD. 3-C SOUTH**
 City **PALM BEACH** FL Zip Code **33480**

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 *Barbara Tattersfield* DATE _____
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, 2004 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TATTERSFIELD, BARBARA 2106 WILLOW BRICK RD WINDERMERE FL 34786 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARBARA TATTERSFIELD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3360 S. OCEAN BLVD, 3-C SOUTH PALM BEACH, FL. 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Barbara Tattersfield* DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR