2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2008 8:00 am Secretary of State DOCUMENT # P96000101394 1. Entity Name 02-15-2008 90014 005 ***150.00 BARBARA TATTERSFIELD DESIGN, INC. Principal Place of Business Mailing Address 1608 S DIXIE HWY 1608 S DIXIE HWY SUITE 1 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #. acc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-3117046 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TATTERSFIELD, BARBARA Street Address (P.O. Box Number is Not Acceptable) 3360 SOUTH OCEAN BLVD. 3-C SOUTH PALM BEACH FL 33480 Zio Code 8. The above named entity s of changing its registered office or registered agent, or both, in the State of Florida. am familiar with, and accept the obligations of registe SIGNATURE (NOTE: Registered Agunt exposture required when relestating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be S560.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BARBARA TATTERSTIGD Change Addition TITLE TITLE ☐ Derete 3800 WASHINGTON ROAD, UNIT 80, MAME TATTERSFIELD, BARBARA NAME STREET ADDRESS 3360 S. OCEAN BLVD., 3-C SOUTH STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-7/2 TITLE ☐ Derete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP THE ☐ Delete TITLE Change Addition NAMS NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete THE Change ☐ Addition MAIN NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP De ete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 truesed impower and execute this exporters equive by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an applicable. With a they like expowered.

SIGNATURE:

FILED