2004 FOR PROFIT CORPORATION

Apr 21, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P01000036561** 04-21-2004 90101 023 ***150.00 1. Entity Name VILLA DESIGNS, INC. Principal Place of Business Mailing Address 4718 SW 257H CT. CAPE CORAL EL 33914 4718 SW 257H CT. CAPE CORAL, FL 33914 3. Mailing Address 2. Principal Place of Business 5743 SW 9th Court 5743 SW 9th Court Suite, Apt. #, etc. Suite, Apt. #, etc. 04172004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State City & State cape coral FL Cape coral 65-1100347 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 33914 33914 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Christine Canzano CANZANO, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 4718 SW 25TH CT. CAPE CORAL, FL 33914 5743 SW 9th COURT City Cape Coral 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 8. The above named ister#1 agent. the obligations of re 4116104 Christine Canzano SIGNATURE ed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition **PVTS** ☐ Delete TITLE TITLE Canzano, Christine 5743 SW 9th COVIT Cape coral, FL 33914 CANZANO, CHRISTINE NAME NAME 4718 SW 28TH CT. STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33914 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ח ☐ Delete TITLE canzano, christine CANZANO, CHRISTINE NAME NAME 5743 SW 91h COVIT STREET ADDRESS STREET ADDRESS 4718 SW 25TH CT. Cape coral, FC 33914 CITY-ST-7IP CITY-ST-ZIP CAPE CORAL, FL 33914 Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 a valaddress, with all other like empowered.

Christine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

4116104

239-542-4066