


FILED
May 21, 2007 8:00 am
Secretary of State

04-30-2007 90452 002 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 480021			
1. Entity Name THORNE DESIGNS, INC.			
Principal Place of Business 14025 NW 58 COURT MIAMI LAKES, FL 33014		Mailing Address 14025 NW 58 COURT MIAMI LAKES, FL 33014	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2625 SEA ISLAND DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Lauderdale, FL.	
Zip	Country	Zip 33301	Country Broward
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE STE 125 CORAL GABLES, FL 33146		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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: VERONIKA THORNE		Veronique Thorne 5.17.07	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when relinquishing) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	THORNE, VERONIKA	NAME	
STREET ADDRESS	2625 SEA ISLAND DR	STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL	CITY - ST - ZIP	
TITLE	CEO	TITLE	
NAME	THORNE, GEORGE	NAME	
STREET ADDRESS	2625 SEA ISLAND DR	STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL	CITY - ST - ZIP	
TITLE	DST	TITLE	
NAME	HEDIGER, VALERIE	NAME	
STREET ADDRESS	3021 NE 43RD STREET	STREET ADDRESS	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33301	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		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 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: Veronique Thorne		5.17.07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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04252007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1607680 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required