

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90040 003 ***150.00

DOCUMENT # 480021

1. Entity Name
 THORNE DESIGNS, INC.



Principal Place of Business
 14025 NW 58 COURT
 MIAMI LAKES, FL 33014

Mailing Address
 2625 SEA ISLAND DRIVE
 FORT LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #
 2625 SEA ISLAND DRIVE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 FORT LAUDERDALE, FL

City & State
 City

Zip
 33301

Country
 USA

40011174



01182008 Chg-P CR2E034 (12/06)

4. FEI Number
 59-1607680

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVENUE
 STE 125
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	THORNE, VERONIKA	
STREET ADDRESS	2625 SEA ISLAND DR	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	THORNE, GEORGE	
STREET ADDRESS	2625 SEA ISLAND DR	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HEDIGER, VALERIE	
STREET ADDRESS	3021 NE 43RD STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Veronika Thorne* VERONIKA THORNE 1.24.08 (954) 761 3269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #