


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 622498 1. Entity Name DESIGNERS III, INC.	
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Principal Place of Business 3900 CLARK RD BLDG H-2 SARASOTA, FL 34233	Mailing Address 3900 CLARK RD BLDG H-2 SARASOTA, FL 34233
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1917872	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FARCHIONE, SAMUEL
 3900 CLARK RD.
 BUILDING H-2
 SARASOTA, FL 33583**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

U00000590421
 01/18/07-80057-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARCHIONE, SAMUEL 3900 CLARK RD BLDG H-2 SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZAVA, FERDINAND C. 5335 FOX RUN WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS ZAVA, SUSAN 5335 FOX RUN WAY SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Samuel P. Farchione **SAMUEL P. FARCHIONE** 1/15/07 941-924-6462