2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 03, 2005 8:00 am Secretary of State DOCUMENT # F35360 1. Entity Name 05-03-2005 90078 024 ***150.00 LASTING IMPRESSIONS DESIGNS, INC. Principal Place of Business Mailing Address % STEPHEN CIANCIO 7360 SW 5TH ST. PLANTATION FL 33317 % STEPHEN CIANCIO 7360 SW 5TH ST. PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2101719 Not Applicable Zip Country 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 CIANCIO, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 7360 SW 5TH ST. **PLANTATION FL 33317** City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Change TITLE TITLE Addition ☐ Delete NAME CIANCIO, STEPHEN NAME JAMB AS 7360 SW 5TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME CIANCIO, DONNA NAME STREET ADDRESS 6700 CYPRESS RD., #406 STREET ADDRESS PLANTATION FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STRUET ADDRESS STHEET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 attachme

STEPHEN NOW CAUCIO 4/21/05

FILED