

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F81499 1. Entity Name ELLY SINGER DESIGNS, INC.					
Principal Place of Business 188 COMMODORE DR JUPITER FL 33477 US			Mailing Address 188 COMMODORE DR JUPITER FL 33477 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2252114	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SINGER, SCOTT 188 COMMODORE JUPITER FL 33477				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 agree, the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renaiting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	SINGER, ELLY		NAME	100000420998 02/16/06-80019-007 150.00	
STREET ADDRESS	188 COMMODORE DR		STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	SINGER, SCOTT		NAME		
STREET ADDRESS	188 COMMODORE DR		STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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 Section 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: *Elly Singer*