2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # G17706** 1. Entity Name D.B.Ś. DESIGNS, INC.

FILED Mar 02, 2007 08:00 A Secretary of State

Principal Place 300 S HYDE STE 240 TAMPA, FL 3	PARK AVE	lailing Address 3301 BAYSHORE 2206 FAMPA, FL 33629 US			II KOK IBEN 1884 BUKB BUKB	
LEONARD	DE PARKE AVE	CE	02282007 4. FEI Numb 59-224 5. Certificate	No Chg-P lef 18141 e of Status Desired	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
TAMPA, FL 33606 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees	U00000654 03/13/07-800	4097 047-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE DPT LEONARD, SHARI P.O. BOX 14163 (N/A) TAMPA, FL 33690 VPS LEONARD, SHARI P.O. BOX 14163 (N/A) TAMPA, FL 33690	CIORS			NOT WE	

12. I hereby certify that the information supplied with this filling 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 to tree empoyable do 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 abstress of the all other like empowered.

SIGNATURE