2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G17706 SIGNATURE AND DIFFED OR PRINTED NAME OF SIGNING PEPICER OR DIRECTOR

FILED May 05, 2008 8:00 am Secretary of State 04-14-2008 90022 041 ***150.00

1. Entity Nam D.B.S. DE	ne ESIGNS, INC.					<u>.</u>	04-14-2006	90022	<i>)</i> 41 1	130.00
Principal Place of Business			Mailing Address			1				
3301 BAY SHORE BLVD #2206			3301 BAY SHORE BLVD #2206			CC	009719			
TAMPA, FL 33629 US			TAMPA, FL 33629 US			יסס	003/13			
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04112008	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. FEI Numb				oplied For
Zip	Country	Žip		try		of Status Desired		\$8.75 Add		
6. Name and Address of Current Registered A			ed Agent			7. Name and	d Address of New R			
LEONADD OLIVE					Name					
LEONARD, SHARI 3301 BAY SHORE BLVD #2206 TAMPA. FL 33629				Street Address (P.O. Box Number is Not Acceptable)						
1										
					City			FL	Zip Cod	-
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 rame of registered agent and title if applicable. (NOTE: Registered Agent appeared Agent appeared when reinvaluary) DATE o										
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						00 May Be ed to Fees				-
10. t	OFFICERS AN	D DIRECTO	PRS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR:	S IN 11
TITLE NAME	DPT LEONARD, SHARI		∕2 te iete	TITLE					Change	Addition
STREET ADDRESS	P.O. BOX 14163 (N/A)	\mathcal{J}	Service !		T ADDRESS					
CITY-ST-ZIP	TAMPA, FL 33690	٢٥٢٤	auton.Pi	QIY-	ST-ZIP					
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NAME Street adoress]			NAME]					ł
CITY-ST-ZIP	<i>L</i>				T ADORESS ST-7UP]
	certify that the information supplied w	th this filing	does not qualify for th	_		in Chapter 119). Florida Standes 11	uriher certih	v that the in	dormation
12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 tolescoute this report as regarded by Chapter 607, Elarida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactioned with an address; with all other life empowered.										
SIGNATURE ////////////////////////////////////										