

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90357 048 ***150.00

DOCUMENT # J15043 1. Entity Name DORE DESIGNS, INC.					
Principal Place of Business % DOROTHY SALCEDO 1303 S.E. 47 TERRACE CAPE CORAL, FL 33904			Mailing Address % DOROTHY SALCEDO 1303 S.E. 47 TERRACE CAPE CORAL, FL 33904		
2. Principal Place of Business - No P.O. Box # 1303 SE 47th Terr.		3. Mailing Address 1303 SE 47th Terr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cape Coral FL		City & State Cape Coral, FL		4. FEI Number 59-2682149	
Zip 33904		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33904		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALCEDO, DOROTHY 1303 SOUTHEAST 47TH TERRACE CAPE CORAL, FL				7. Name and Address of New Registered Agent Name Dawn Smart Street Address (P.O. Box Number is Not Acceptable) 1303 SE 47th Terr. City Cape Coral FL Zip Code 33904	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALCEDO, DOROTHY 9810 MAINSAIL CT FT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Dawn Smart 4212 SW 5th Ave. Cape Coral FL 33904	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEVY, CASSANDRA 1371 SAUTERN DR. FT MYERS, FL 33919	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Missy Dalton 7 Spreading Oak Durham NC 27713	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2008-04-28 Daytime Phone # 239-542-7708		