


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90261 029 \*\*\*150.00

<b>DOCUMENT # J33829</b> 1. Entity Name <b>IDENTITA DESIGNERS, INC.</b>					
Principal Place of Business <b>5201 W. KENNEDY BLVD., STE. 123 TAMPA, FL 33609</b>			Mailing Address <b>5201 W. KENNEDY BLVD., STE. 123 TAMPA, FL 33609</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-2547242</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SWEENEY, JERILYNN G.</b> <b><del>4115 W. GYPRESS ST</del></b> <b>TAMPA, FL <del>33607</del></b>				Name  Street Address (P.O. Box Number is Not Acceptable) <b>5201 W. KENNEDY BLVD., STE. 123</b> City <b>TAMPA</b> FL <b>33609</b>	
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 <b>JERILYNN G. SWEENEY</b> <i>Jerilynn G. Sweeney</i> <b>Jan. 13. 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <b>SWEENEY, JERILYNN G.</b> <b><del>4115 W. GYPRESS ST</del></b> <b>TAMPA, FL <del>33607</del></b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5201 W. KENNEDY BLVD., STE. 123</b> <b>TAMPA, FL 33609</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>SWEENEY, JOHN F.</b> <b><del>4115 W. GYPRESS STREET</del></b> <b>TAMPA, FL <del>33607</del></b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5201 W. KENNEDY BLVD., STE. 123</b> <b>TAMPA, FL 33609</b>	
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	
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	
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: <i>Jerilynn G. Sweeney</i>			<b>Jan. 13. 2006</b> <small>Date Daytime Phone #</small>		