

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 08:00 AM
Secretary of State

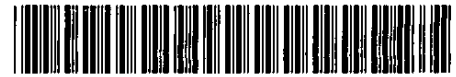


DOCUMENT # K09499

1. Entity Name
KRYSTYNA'S DESIGNS, INC.

Principal Place of Business
 120 WEST VENICE AVE.
 VENICE FL 34285
 US

Mailing Address
 120 WEST VENICE AVE.
 VENICE FL 34285
 US



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0024155**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KYSTYNA, KNOP
535 S CREEK DR
OSPREY FL 34229

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 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 NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input type="checkbox"/> Delete
NAME	KNOP, KRYSTYNA	
STREET ADDRESS	535 S CREEK DR	
CITY - ST - ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 03/29/07-80080-003 158.75

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: *Kristyna Knop* **KRYSTYNA KNOP**

Date: **March 20/07** (941)488-7400
 Daytime Phone #