

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # K93691

1. Entity Name
 DESIGNER'S TOP SHOP, INC.



Principal Place of Business
 108 SOUTH FOREST AVENUE
 AVON PARK, FL 33825

Mailing Address
 108 SOUTH FOREST AVENUE
 AVON PARK, FL 33825



02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2372585	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONALDSON, DEVON P.
 120 SOUTH ANOKA AVENUE
 AVON PARK, FL 33825

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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 Christina Jackson

4/1/08

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, 2008 Fee will be \$550.00

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

1000000951008
 06/04/08-80014-018 150.00

10. OFFICERS AND DIRECTORS

TITLE P
 NAME JACKSON, JUSTIN
 STREET ADDRESS 108 S. FOREST AVENUE
 CITY-ST-ZIP AVON PARK, FL 33825

TITLE ST
 NAME JACKSON, CHRISTINA
 STREET ADDRESS 108 S. FOREST AVENUE
 CITY-ST-ZIP AVON PARK, FL 33825

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: Christina Jackson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08 863-453-8659
 Date Daytime Phone #