2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L02240

Entity Name: DESIGN ODYSSEY 2001, INC.

FILED Mar 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6400 N. ANDREWS AVENUE 270 SW NATURA AVE

SUITE 505 DEERFIELD BEACH, FL 33441 US

FT. LAUDERDALE, FL 33309 US

New Mailing Address: Current Mailing Address:

6400 N. ANDREWS AVENUE 270 SW NATURA AVE

SUITE 505 DEERFIELD BEACH, FL 33441 US

FT. LAUDERDALE, FL 33309 US

FEI Number: 65-0131143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

ALFASI, AVRAHAM ALFASI, AVRAHAM 270 SW NATURA AVE 6400 N. ANDREWS AVENUE

DEERFIELD BEACH, FL 33441 SUITE 505 US FT. LAUDERDALE, FL 33309 US

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.

SIGNATURE: AVRAHAM ALFASI 03/09/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ALFASI, AVRAHAM ALFASI, AVRAHAM Name: Name:

6400 N. ANDREWS AVENUE STE 505 270 SW NATURA AVE Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: DEERFIELD BEACH, FL 33441

() Delete Title: VΡ Title: VΡ (X) Change () Addition

Name: JONES, GREG Name: JONES, GREG 6400 N. ANDREWS AVE STE 505 Address: 270 SW NATURA AVE Address:

FT. LAUDERDALE, FL 33309 US DEERFIELD BEACH, FL 33441 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AVRAHAM ALFASI SPD 03/09/2009