

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007947

Entity Name: NDESIGNS, LLC

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

8941 YEARLING DR.
LAKE WORTH, FL 33467 US

New Principal Place of Business:

1396 BLUE CLOVER LANE
WEST PALM BEACH, FL 33415 US

Current Mailing Address:

P.O. BOX 541852
LAKE WORTH, FL 33454 US

New Mailing Address:

FEI Number: 20-2143467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NYSTROM, NICOLE K
8941 YEARLING DR.
LAKE WORTH, FL 33454 US

Name and Address of New Registered Agent:

BOLDEN, NICOLE K
1396 BLUE CLOVER LANE
WEST PALM BEACH, FL 33415 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: NICOLE K. BOLDEN

01/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: OWNE () Delete
Name: NYSTROM, NICOLE K DESIGN
Address: P.O . BOX 541852
City-St-Zip: LAKE WORTH, FL 33454 US

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: BOLDEN, NICOLE K DESIGN
Address: P.O . BOX 541852
City-St-Zip: LAKE WORTH, FL 33454 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NICOLE K. BOLDEN

OWNE

01/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date