

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90034 039 ***150.00



DOCUMENT # L73301 1. Entity Name DESIGN ENTERPRISES, INC.	
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Principal Place of Business 815 ORIENTA AVENUE #1040 ALTAMONTE SPRINGS, FL 32701 US	Mailing Address 815 ORIENTA AVENUE #1040 ALTAMONTE SPRINGS, FL 32701 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent LEFFLER, GLEN A 815 ORIENTA AVENUE SUITE 1040 ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 59-3013249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD LEFFLER, LYNDON A.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	815 ORIENTA AVENUE, # 1040		NAME		
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32701		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD BELLINI, LISA L	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	815 ORIENTA AVENUE, # 1040		NAME		
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32701		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TSD LEFFLER, SHIRLEY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	815 ORIENTA AVENUE, # 1040		NAME		
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32701		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	CEO LEFFLER, GLEN A	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	815 ORIENTA AVENUE, # 1040		NAME		
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32701		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	V CARLOS, RANDY K	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	815 ORIENTA AVENUE, # 1040		NAME		
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32701		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Michael S. Puryear	
STREET ADDRESS			STREET ADDRESS	815 Orienta Ave., #1040	
CITY-ST-ZIP			CITY-ST-ZIP	Altamonte Springs, FL 32701	

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, without other like empowered.

SIGNATURE: Glen A. Leffler, CEO 2/09/2007 407-830-1414

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #