


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L79710</b> 1. Entity Name <b>DESIGNS BY NINA, INC.</b>					
Principal Place of Business <b>C/O JAMES ANDERSON 1609 WICKHAM ROAD MELBOURNE FL 32935</b>			Mailing Address <b>C/O JAMES ANDERSON 1609 WICKHAM ROAD MELBOURNE FL 32935</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
5. Name and Address of Current Registered Agent  <b>ANDERSON, JAMES 1609 WICKHAM ROAD MELBOURNE FL 32935</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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)					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, JAMES 4007 N. HARBOR CITY BLVD. #305 MELBOURNE FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/29/06-80053-013 150.00^M	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, HERLINDE 4007 N. HARBOR CITY BLVD. #305 MELBOURNE FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3012337** Applied For Not Applicable

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

**FL** Zip Code

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:** *James Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-11-06* *321-259-8700*  
Date Daytime Phone #