2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 18, 2007 08:00 AM DOCUMENT # P00000043284 **Secretary of State** 1. Entity Name DRAPERIES BY DESIGN, INC. Principal Place of Business Mailing Address **510 LAKE AVENUE** 510 LAKE AVENUE LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1010248 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAUFERSWEILER, SHERRY DO NOT WRITE 510 LAKE AVENUE LAKE WORTH, FL 33460 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U000000591525 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 01/19/07-80025-008 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, **PSTD** TITLE LAUFERSWEILER, SHERRY NAME STREET ADDRESS 510 LAKE AVENUE CITY-SI-ZIP LAKE WORTH, FL 33460 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIME

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:

NAME STREET ADDRESS CITY-ST-ZIP TABLE NAME STREET ADDRESS CITY-ST-ZIP

1-12-07