DESIGNER EYEWEAR, INC.	Entity Name	MENT # P01000031	<b>REPORT</b>		Feb S	19, 2007 08:00 A ecretary of State
PARTING PROVIDE YILLAGE DRIVE MIDDLEBURG, FL 32068  PO ACKSONNULE, FL 32205  PO ACKSONNULE, FL 3205  PO ACKSONNULE, FL 32205  PO ACKSONNULE, FL 3205  PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL 3205 PO ACKSONNULE, FL ACK	IESIGNE	R EYEWEAR, INC.				
DO NOT WRITE IN THIS SPACE       9:282007       No Chg-P       CR2E034 (11/05)         4: Harne and Address of Current Registered Agent       4: FEI Number	BA NORMAN 205-3 NORI	NDY VALUVISION MANDY BLVD	2794 SEMINOLE VILLAGE	DRIVE	a kalimatak sina makan katak Dahih Atalih Atalih	I ANDRA INTENTER ANTE ATALI ANNO 11 MATA
	*	2 2	•			1
Centrality of Statis Cester Control of Current Registered Agent     KEL, EDWARD C     NEINDEPENDENT DRIVE     UITE 2301     ACKSONVILLE, FL 32202     DO NOT WRITE     IN THIS SPACE     IN THIS SPACE     Control of c	, D	O NOT WRITE	E IN THIS SP	PACE		Not Applicable
KEL, EDWARD C.         NNE INDEPENDENT DRIVE         UTE 2301         ACKSONVILLE, FL 32202         The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. In the Slate of Florids. I am familiar with, and accept the obligations of registered agent.         Inter obligations of registered agent.         CMATURE         Bendlaw, typed or primed rate of registered spent or bit # sublects.         Inter fluid or primed rate of registered spent or bit # sublects.         PO         After May 1, 2007 Fee will be \$550.00         Atter May 1, 2007 Fee will be \$550.00         Atter May 1, 2007 Fee will be \$550.00         AKEL, EDWARD F DR         RET AGRESS         In S1-2P         MEDILEBURGS, FL 32068         In S1-2P         MER MARKES         In S1-2P         MER MARKES <td< td=""><td></td><td></td><td></td><td></td><td>5. Certificate of Status Desired</td><td></td></td<>					5. Certificate of Status Desired	
the obligations of registered agent.  GNATURE  Signature, typed or printed name of registered agent are of the Tappletock (POTE Registered Agent Homery regulad when refrestered)  FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  COFFICERS AND DIRECTORS  AKEL, EDWARD F DR 2794 SEMINOLE VILLAGE DRIVE TIST PR  AKEL ADDRSS TY-ST-2P  DO NOT WRITE IRE MG  KET ADDRSS TY-ST-2P  DO NOT WRITE IRE ADDRSS TY-ST-2P  IE MK  KET ADDRSS TY-ST-2P  IE K KE KET ADDRSS TY-ST-2P	NE ÍNDE UITE 230	WARD C PENDENT DRIVE	<u> </u>			the second se
LE         PD           AKEL, EDWARD F DR         2794 SEMINOLE VILLAGE DRIVE           Y-ST-7P         MIDDLEBURG, FL 32068           WE         02/28/07-90039-009 150.00           WE         V-ST-7P           WE         DO NOT WRITE           NET ADDRESS         Y-ST-7P           V-ST-7P         DO NOT WRITE           NET ADDRESS         Y-ST-7P           V-ST-7P         DO NOT WRITE           NEET ADDRESS         Y-ST-7P           VEET ADDRESS         Y-ST-7P           VF         NE HET ADDRESS           Y-ST-7P         IN THIS SPACE           VY-ST-7P         V-ST-7P           VF         IN THIS SPACE           NE         NE HET ADDRESS           Y-ST-7P         IN THIS SPACE		Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	edistered Agent Signature required	i when reinstating)	
ILE MAE RETADORESS TY-SI-ZIP ILE NAME IRECI ADDRESS TY-SI-ZIP ILE NAME RECI ADDRESS TY-SI-ZIP ILE NAME RECI ADDRESS TY-SI-ZIP ILE NAME RECI ADDRESS	FIL	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550		n Financing\$5.	.00 May Be	
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