2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000050570

1. Entity Name
TRI-COUNTY DESIGNER SERVICES...INC



FILED Jun 01, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2580 N POWERLINE RD STE 605 POMPANO BEACH, FL 33069 2580 N POWERLINE RD STE 605 POMPANO BEACH, FL 33069



05282004

No Chg-P

CR2E034 (10/03)

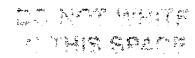
4. FEI Number 65-1103276 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Gurrent Registered Agent

PASCALE, JAMES 4023 NW 63RD ST COCONUT CREEK, FL 33073



5. 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 aignature required when reinstating) \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE NAME PASCALE, JAMES STREET ADDRESS 4023 NW 63RD STREET 100000161844 06/01/04-80003-011 150.00 CITY-ST-ZIP COCONUT CREEK, FL 33073 TITLE NAME PASCALE, DEBORAH 4023 NW 23RD STREET STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-71P TILE NAME STREET ADDRESS CITY ST 71P The state of the s TILE MAME STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 ceth; 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.

Tames Pascale

SIGNATURE:

STREET ADDRESS

MONATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

974-979-7996