



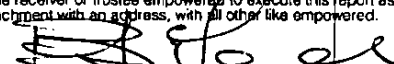
2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/12/2007-90001-008-\$550.00-\$550.00

FILED

07 OCT 22 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000055944 1. Entity Name TREASURE COAST DESIGN, INC.																			
Principal Place of Business 3361 BELVEDERE RD. SUITE S WEST PALM BEACH, FL 33406			Mailing Address 3361 BELVEDERE RD. SUITE S WEST PALM BEACH, FL 33406																
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																	
City & State		City & State																	
Zip	Country	Zip	Country																
8. Name and Address of Current Registered Agent MCLEAN, BARRINGTON 1310 WESTOVER ROAD WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																
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  <small>Signature, typed or printed, cannot be registered agent and use if applicable.</small>		DATE 9/6/07 <small>(NOTE: Registered Agent signature required when resigning)</small>		FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007															
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS																	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete																		
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:  9-29/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																	



07312007 Chg-P CR2E034 (12/06) 07

4. FEI Number **65-1136950** Applied For ☐ Not Applicable ☒

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