2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113656

Entity Name: FONT DESIGNS, INC.

FILED Feb 19, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principa	al Place of Business:	New Principal Place of Business:

 10305 NW 41ST STREET
 7551 WILES ROAD

 SUITE 203
 SUITE 105B

MIAMI, FL 33178 CORAL SPRINGS, FL 33067

Current Mailing Address: New Mailing Address:

10305 NW 41ST STREET 7551 WILES ROAD SUITE 203 SUITE 105B

SUITE 203 SUITE 105B MIAMI, FL 33178 CORAL SPRINGS, FL 33067

FEI Number: 65-1156440 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FONT, DAVID
10305 NW 41ST STREET
501 FONT, DAVID
7551 WILES ROAD
SUITE 203
SUITE 105B

MIAMI, FL 33178 US CORAL SPRINGS, FL 33067 US

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.

SIGNATURE: 02/19/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: FONT, DAVID Name: FONT, DAVID

 Address:
 10305 NW 41ST STREET, SUITE 203
 Address:
 7551 WILES ROAD, SUITE 105B

 City-St-Zip:
 MIAMI, FL 33178
 City-St-Zip:
 CORAL SPRINGS, FL 33067

Title: VD () Delete Title: VD (X) Change () Addition

Name: WHIDDEN, MARSHALL Name: WHIDDEN, MARSHALL

 Address:
 10305 NW 41ST STREET, SUITE 203
 Address:
 7551 WILES ROAD, SUITE 105B

 City-St-Zip:
 MIAMI, FL 33178
 City-St-Zip:
 CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FONT D 02/19/2008