


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01282
 1. Entity Name
JOY GUERNSEY DESIGNS, INC.



Principal Place of Business 1224 US HIGHWAY 1 SUITE D NORTH PALM BEACH, FL 33408 US	Mailing Address 1224 US HIGHWAY 1 SUITE D NORTH PALM BEACH, FL 33408 US
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03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1113298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KENNEY, TIMOTHY H.
 120 BUTLER STREET
 B
 WEST PALM BEACH, FL 33407

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS GUERNSEY, JOYCE 271 EL DORADO LN PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUCCI, MICHELE M 843 UNIVERSTTY BLVD. APT 302 JUPITER, FL 33458
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 03/21/06-80081-004 150.00

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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: Joy Guernsey, Inc Date: 3/6/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #