

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2006 8:00 am**  
**Secretary of State**

08-17-2006 90002 014 \*\*\*150.00

**DOCUMENT # P02000017019**

1. Entity Name  
**NEW DESIGNS OF PALM BEACH, INC.**



Principal Place of Business  
**2406 LAUREL LANE  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**2406 LAUREL LANE  
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business  
**16825 128th TRAIL N.**  
Suite, Apt. #, etc.

3. Mailing Address  
**16825 128th TRAIL N.**  
Suite, Apt. #, etc.

City & State  
**JUPITER, FL**  
Zip  
**33478**  
Country  
**USA**

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**JUPITER, FL**  
Zip  
**33478**  
Country  
**USA**

07032006 Chg-P CR2E034 (11/05)

4. FEI Number  
**72-1520073**  
Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NORMAN, BRYAN  
2406 LAUREL LANE  
PALM BEACH GARDENS, FL 33410**

**7. Name and Address of New Registered Agent**

Name  
**NORMAN, BRYAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**16825 128th TRAIL N.**  
City  
**JUPITER, FL** Zip Code  
**33478**

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 N/A  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	<b>NORMAN, BRYAN</b>	
STREET ADDRESS	<b>2406 LAUREL LANE</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>16825 128th TRAIL N.</b>
CITY-ST-ZIP	<b>JUPITER, FL 33478</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**8-11-06**