


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 23 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name 802-27305 DESIGN K INC	
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Principal Place of Business CUSTOMERS HOMES	Mailing Address 1090 PEPPERIDGE TERR BOCA RATON FL 33486
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address (above)
City & State	City & State
Zip	Country



5. Name and Address of Current Registered Agent KIMBERLEY LEACH 1090 PEPPERIDGE TERR BOCA RATON FL 33486	
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4. FEI Number 030394676	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of New Registered Agent KIMBERLEY LEACH 1090 PEPPERIDGE TERR BOCA RATON FL 33486	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Kimberley Leach KIMBERLEY LEACH <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 1/22/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBERLEY LEACH 1090 PEPPERIDGE TERR BOCA RATON FL 33486	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000027623260 01/27/04--01001--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Kimberley Leach KIMBERLEY LEACH <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 1/22/04 <small>Date</small>	DAYTIME PHONE # (954) 310 2987 <small>Daytime Phone #</small>
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RE: DESIGN K INC .

1/22/04

Dear Katrina,

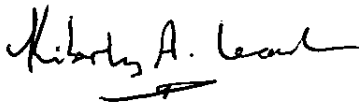
As we discussed yesterday on the tel, I did return the 2003 Annual Report last year after your Department sent it back to me with a signature missing. I assure you of this as I know if I don't send a fully completed report to the state each year you'll dissolve my corporation. As you noted, I did send the \$150 check with the 2003 report which the department did cash.

Enclosed , as you requested , is this Year Annual Report 2004 and a check for \$150 for this year. Signed in both places.

Please note my change in address to:

1090 Pepperidge Terrace
Boca Raton FL 33486

I appreciate your time and understanding in this situation....many thanks.



Kimberley Leach
President Design K Inc.
(954) 310 2987