


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90018 011 ***150.00

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|--|--|---|
| DOCUMENT # P02000066089 | |  |
| 1. Entity Name N T DESIGNS, INC. | | |

| | |
|---|---|
| Principal Place of Business 10112 AQUA VISTA WAY BOCA RATON FL 33428 | Mailing Address 10112 AQUA VISTA WAY BOCA RATON FL 33428 |
|---|---|

20030440



1st MOORE CR2E034 (10/04)

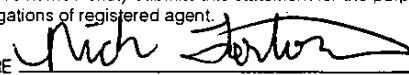
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|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business 1940 NW 18 st | | 3. Mailing Address 1940 NW 18 st | |
| Suite, Apt. #, etc. #2 | | Suite, Apt. #, etc. #2 | |
| City & State Pompano FL | | City & State Pompano FL | |
| Zip 33069 | Country USA | Zip 33069 | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 68-0511636 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent - | |
| TORTORICI, NICHOLAS A 10112 AQUA VISTA WAY BOCA RATON FL 33428 | |

| | |
|--|-------------|
| 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  | Nick Tortorici |
| 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
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 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 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TORTORICI, NICHOLAS A 10112 AQUA VISTA WAY BOCA RATON FL 33428 <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:  | Nick Tortorici | 4-7-05 | 954-383-8998 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |