

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076902

Entity Name: DESIGN SURVEYS, P.A.

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

303 HUNTERS PT TRAIL  
LONGWOOD, FL 32779

## New Principal Place of Business:

## Current Mailing Address:

303 HUNTERS PT TRAIL  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: 56-2283043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALBERTI, REYNOLD C  
303 HUNTERS PT TRAIL  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALBERTI, CLIFF  
Address: 303 HUNTERS PT TRAIL  
City-St-Zip: LONGWOOD, FL 32779

Title: DVP ( ) Delete  
Name: WARREN, CELESTE  
Address: 5705 ALMOND LANE  
City-St-Zip: KELLER, TX 76248

Title: DS ( ) Delete  
Name: ALBERTI, VICTORIA  
Address: 4980 NORTH BRIDGE DR  
City-St-Zip: ALPHARETTA, GA 30022

Title: DT ( ) Delete  
Name: ALBERTI, JENNIFER  
Address: 845 WEST FULTON MARKET, APT 207  
City-St-Zip: CHICAGO, IL 60607

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLIFF ALBERTI

PD

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date