

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000076902

Entity Name: DESIGN SURVEYS, P.A.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

303 HUNTERS PT TRAIL
LONGWOOD, FL 32779

New Principal Place of Business:

304 HUNTERS PT TRAIL
LONGWOOD, FL 32779

Current Mailing Address:

303 HUNTERS PT TRAIL
LONGWOOD, FL 32779

New Mailing Address:

304 HUNTERS PT TRAIL
LONGWOOD, FL 32779

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:

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

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:

03/16/2009

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: PD (X) Change () Addition
Name: ALBERTI, CLIFF
Address: 304 HUNTERS PT TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: DVP (X) Change () Addition
Name: ALBERTI, ANDREW
Address: 4980 NORTH BRIDGES DRIVE
City-St-Zip: ALPHARETTA, GA 30022

Title: DS (X) Change () Addition
Name: ALBERTI, VICTORIA
Address: 4980 NORTH BRIDGES DRIVE
City-St-Zip: ALPHARETTA, GA 30022

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

03/16/2009

Electronic Signature of Signing Officer or Director

Date