2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# P02000090798

Entity Name: EXPRESSIVE DESIGNS, INC.

Current Principal Place of Business:

614 SOUTH FEDERAL HIGHWAY
SUITE #300
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

809 NW 89TH AVE.
PLANTATION, FL 33324

New Mailing Address:

13102 S.W. 19TH STREET
DAVIE, FL 33325

FEI Number: 02-0638986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOMQUIST, JAIME L
809 NW 89TH AVENUE
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

BLOMQUIST, JAIME L
13102 S.W. 19TH STREET
DAVIE, FL 33325 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: 02/19/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: BLOMQUIST, JAIME L
Address: 809 NW 89TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: BLOMQUIST, JAIME L
Address: 13102 S.W 19TH STREET
City-St-Zip: DAVIE, FL 33325

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: JAIME L. BLOMQUIST OWNE 02/19/2008
Electronic Signature of Signing Officer or Director — Date