

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093395

Entity Name: GORELICK DESIGNS, INC.

FILED
Jul 04, 2006
Secretary of State

Current Principal Place of Business:

480 TALL PINES RD.
SUITE D
WEST PALM BEACH, FL 33413 US

Current Mailing Address:

480 TALL PINES RD.
SUITE D
WEST PALM BEACH, FL 33413 US

FEI Number: 55-0794153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORELICK, JOSHUA I
14886 62ND CT. N.
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

4500 BELVEDERE RD.
SUITE D
WEST PALM BEACH, FL 33415 US

New Mailing Address:

4500 BELVEDERE RD.
SUITE D
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

GORELICK, JOSHUA I
4500 BELVEDERE RD.
SUITE D
WPB, FL 33415 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: JOSH GORELICK

07/04/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: GORELICK, JOSHUA I
Address: 14886 62ND CT. N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DS (X) Delete
Name: GORELICK, KIMBERLY A
Address: 14886 62ND CT. N.
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GORELICK, JOSHUA I
Address: 4500 BELVEDERE RD.
City-St-Zip: WPB, FL 33415

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSH GORELICK

DPT

07/04/2006

Electronic Signature of Signing Officer or Director

Date