

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000110040

Entity Name: EYE DESIGN PRINT, INC.

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5190 SW 21 STREET  
PLANTATION, FL 33317

**New Principal Place of Business:**

3216 S. LAKEVIEW CIRCLE 5105  
FORT PIERCE, FL 34949

**Current Mailing Address:**

5190 SW 21 STREET  
PLANTATION, FL 33317

**New Mailing Address:**

3216 S. LAKEVIEW CIRCLE 5105  
FORT PIERCE, FL 34949

FEI Number: 56-2298674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FISCHER, VICTORIA R MRS.  
5190 SW 21 STREET  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

RACINE, VICTORIA M MS.  
3216 S. LAKEVIEW CIRCLE 5105  
FORT PIERCE, FL 34949 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: VICTORIA M. RACINE

04/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: FISCHER, VICTORIA R MRS.  
Address: 3216 S. LAKEVIEW CIRCLE 5105  
City-St-Zip: FORT PIERCE, FL 34949 US

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA M. RACINE

PRES

04/05/2011

Electronic Signature of Signing Officer or Director

Date