

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000124431

1. Entity Name  
DESIGN WERX INC.



Principal Place of Business  
12301 W COLONIAL DRIVE  
WINTER GARDEN, FL 34787

Mailing Address  
12301 W COLONIAL DRIVE  
WINTER GARDEN, FL 34787

**FILED**  
**Sep 19, 2008 08:00 AM**  
**Secretary of State**



05022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0794671	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

HUGHES, SHERRI  
400 E. SILVER STAR RD.  
OCOOE, FL 34761

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, SHERRI 400 E. SILVER STAR RD. OCOOE, FL 34761
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09/19/08-80001-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sherril Hughes*      9/9/08      407-654-9755  
Date      Daytime Phone #