

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133204

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Entity Name:** CONSULTANTS BY DESIGN, INC.

**Current Principal Place of Business:**

1164 SE 1ST TERRACE  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 195  
DEERFIELD BEACH, FL 33443

**New Mailing Address:**

**FEI Number:** 11-3667463

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SARNO, LISA M PRES  
1164 SE 1ST TERRACE  
DEERFIELD BEACH, FL 33443 US

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

SARNO, LISA M PRES  
1164 SE 1ST TERRACE  
DEERFIELD BEACH, FL 33441 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/24/2009

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SARNO, LISA M  
Address: 1164 SE 1ST TERRACE  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: LISA M SARNO

Electronic Signature of Signing Officer or Director

PRES

04/24/2009

Date