

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133348

Entity Name: KAZ DESIGN STUDIOS, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

608 WISTERA LANE
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

608 WISTERA LANE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 01-0758763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KACZMARCZYK, DAVID
608 WISTERA LANE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KACZMARCZYK, DAVID
Address: 615 NADINA PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Delete
Name: KACZMARCZYK, ROBERT
Address: 615 NADINA PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Delete
Name: KACZMARCZYK, STEVEN
Address: 615 NADINA PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: KACZMARCZYK, JOAN
Address: 615 NADINA PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Delete
Name: KACZMARCZYK, WILLIAM
Address: 615 NADINA PLACE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KACZMARCZYK, DAVID
Address: 608 WISTERIA LANE
City-St-Zip: CELEBRATION, FL 34747

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

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

Title: D (X) Change () Addition
Name: KACZMARCZYK, JOAN
Address: 608 WISTERIA LANE
City-St-Zip: CELEBRATION, FL 34747

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 Section 119.07(3)(i), 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: JOAN KACZMARCZYK

D

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date