2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P03000012431

Entity Name: DESIGNER CONCEPTS INC.

Current Principal Place of Business:

416 SE STARFISH AVE.
PT. ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

8599 S. FEDERAL HWY
PT. ST. LUCIE, FL 34952

New Mailing Address:

416 SE STARFISH AVE.
PT. ST. LUCIE, FL 34983

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAZA, SAMUEL A
8599 S. FEDERAL HWY
PT. ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

ZAZA, SAMUEL A
416 SE STARFISH AVE.
PT. ST. LUCIE, FL 34983 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: SAMUEL ZAZA 04/28/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ZAZA, SAMUEL A
Address: 416 SE STARFISH AVE
City-St-Zip: PT. ST. LUCIE, FL 34983

Title: V ( ) Delete
Name: ZAZA, SHARIE A
Address: 416 SE STARFISH AVE
City-St-Zip: PT. ST. LUCIE, FL 34983

Title: SD (X) Delete
Name: MATTHEWS, JEFF
Address: 1369 RATLEY RD.
City-St-Zip: WESTSUFFIELD, CT 06010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SAMUEL ZAZA P 04/28/2004
Electronic Signature of Signing Officer or Director Date