


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90260 001 \*\*\*150.00  
04-08-2005 90260 002 \*\*\*\*\*8.75

<b>DOCUMENT # P03000013338</b>	
1. Entity Name <b>CLAUDIA DESIGNS, INC.</b>	

Principal Place of Business <b>401 BAYFRONT PL UNIT 3304 NAPLES, FL 34102</b>	Mailing Address <b>401 BAYFRONT PL UNIT 3304 NAPLES, FL 34102</b>
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2. Principal Place of Business <b>10411 STRIKE LANE NORTH</b>	3. Mailing Address <b>P.O. Box 367389</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>BONITA SPRINGS FL</b>	City & State <b>BONITA SPRINGS FL</b>
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Zip <b>34135</b>	Country <b>LEE</b>	Zip <b>34136</b>	Country
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03302005 Chg-P CR2E034 (10/03)

4. FEI Number <b>05-0553196</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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8. Name and Address of Current Registered Agent	
<b>FARRUGIA, CLAUDE 401 BAYFRONT PL UNIT 3304 NAPLES, FL 34102</b>	

7. Name and Address of New Registered Agent	
Name <b>FARRUGIA, CLAUDE</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>10411 STRIKE LANE NORTH</b>	
City <b>BONITA SPRINGS FL</b>	Zip Code <b>34135</b>

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 	DATE <b>4.04.05</b>
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Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRUGIA, CLAUDE <del>401 BAYFRONT PL UNIT 3304</del> NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRUGIA, CLAUDE 10411 STRIKE LN. N. BONITA SPRINGS FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Date <b>4/04/05</b>	Daytime Phone # <b>239 498 3148</b>
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SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #