## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000037649

Entity Name: DC DESIGNS, INC.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

658 EAST LAKE ROAD PALM HARBOR, FL 34685

Current Mailing Address: New Mailing Address:

658 EAST LAKE ROAD
243 W. PARK AVE., STE. 201
PALM HARBOR, FL 34685
PALM HARBOR, FL 34685

FEI Number: 20-0037505 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CROWTHER, DAVID

658 EAST LAKE ROAD

PALM HARBOR, FL 34685 US

CROWTHER, THOMAS D

658 EAST LAKE ROAD

PALM HARBOR, FL 34685 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: T.D. CROWTHER 04/11/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: CROWTHER, DAVID Name: CROWTHER, THOMAS D

 Name:
 CROWTHER, DAVID
 Name:
 CROWTHER, THOMAS D

 Address:
 WINDY ACRES 8 MILLTHORPE SLEAFORD,
 Address:
 17103 LONGACRES LANE

 City-St-Zip:
 LINCOLNSHIRE NG34 OLD,
 City-St-Zip:
 ODESSA, FL 33556

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name:CROWTHER, CHRISTINEName:CROWTHER, CHRISTINEAddress:WINDY ACRES 8 MILLTHORPE SLEAFORD,Address:17103 LONGACRES LANECity-St-Zip:LINCOLNSHIRE NG34 OLD,City-St-Zip:ODESSA, FL 33556

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: T.D. CROWTHER PD 04/11/2005