2007 FOR PROFIT CORPORATION

FILED Apr 30, 2007 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # P03000040578 POUR TOI DESIGNS, INC. Principal Place of Business Mailing Address 716 SOUTH WILLOW AVENUE 716 SOUTH WILLOW AVENUE TAMPA, FL 33606 US TAMPA, FL 33606 US CR2E034 (11/05) 04192007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3091553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent GUGGINO, JOSEPH G DO NOT WRITE 3115 SWANN AVE. TAMPA, FL 33609 IN THIS SPACE 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. Signature, byped or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HOMSY, MARIANNE NAME STREET ADDRESS 716 SOUTH WILLOW AVENUE CITY-ST-ZIP TAMPA, FL 33606 U00000742197 05/15/07-80059-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information relative and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director fuster empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if in address, with all other like empowered 12. I hereby certify that the information indicated on this report or suppler of the corporation or the receiver of changed, or on an attachment

SIGNATURE: \

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR