


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000091229</b>		
1. Entity Name <b>NEW DESIGN BY ELSIE, INC.</b>		
Principal Place of Business <b>5001 FOXFIRE LANE LAKE MARY, FL 32746-4046</b>	Mailing Address <b>PO BOX 952467 LAKE MARY, FL 32795-2467</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MICHELSENS, ELSIE 5001 FOXFIRE LANE LAKE MARY, FL 327464046	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TRAP, EMMANUEL 5001 FOXFIRE LANE LAKE MARY, FL 327464046	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>01/05/06 (407) 804 961</b> <small>Date Daytime Phone #</small>



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>51-0478815</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

11000000381372  
01/11/06-80051-016 158.75

**DO NOT WRITE  
IN THIS SPACE**