


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90002 002 ***150.00

DOCUMENT # P03000096273			
1. Entity Name DESIGNS BY YOURS TRULY, INC.			
Principal Place of Business 206 35TH ST. NW BRADENTON FL 34205		Mailing Address 206 35TH ST. NW BRADENTON FL 34205	
2. Principal Place of Business		3. Mailing Address 300 First Ave. South	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 404	
City & State		City & State St. Petersburg, FL	
Zip	Country	Zip	Country
33701	USA	33701	USA

54066891



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent GIROUX, JAYNE 206 35TH ST. NW BRADENTON FL 34205		4. FEI Number 06-1715553		Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Name		City		Zip Code
Street Address (P.O. Box Number is Not Acceptable)		FL		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIROUX, JAYNE		NAME	
STREET ADDRESS 206 35TH ST. NW		STREET ADDRESS	
CITY-ST-ZIP BRADENTON FL 34205		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **8-2-04 (727) 895-5399**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #