


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000099459**  
 1. Entity Name  
**NAME DROPPER, DESIGN & MORE, INC.**



Principal Place of Business      Mailing Address  
**21 SE HARBOR POINT DR.**      **21 SE HARBOR POINT DR.**  
**STUART, FL 34996**                      **STUART, FL 34996**

**DO NOT WRITE IN THIS SPACE**



01302007    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**55-0846774**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MORTELL, EDWIN E III**  
**301 E. OCEAN BLVD., SUITE 200**  
**STUART, FL 34994**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

000000610842  
 02/02/07 08005 016 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HERLIN, LESLIE 8520 SE SABAL ST. HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MORTELL, MELISSA A 21 SE HARBOR POINT DR. STUART, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Melissa Mortell*      **Melissa Mortell**      **1-30-07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      **772 2230788**