

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000102791

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: DESIGNS 2-U, INC.

**Current Principal Place of Business:**

391 MAGNOLIA PLACE  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

391 MAGNOLIA PLACE  
DEBARY, FL 32713

**New Mailing Address:**

FEI Number: 51-0485688

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BERRY, DONALD P SR  
391 MAGNOLIA PLACE  
DEBARY, FL 32713 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BERRY, DONALD P SR  
Address: 391 MAGNOLIA PLACE  
City-St-Zip: DEBARY, FL 32713

Title: VP  
Name: BERRY, DONALD P SR  
Address: 391 MAGNOLIA PLACE  
City-St-Zip: DEBARY, FL 32713

Title: SEC  
Name: BERRY, DONALD P SR  
Address: 391 MAGNOLIA PLACE  
City-St-Zip: DEBARY, FL 32713

Title: TREA  
Name: BERRY, DONALD P SR  
Address: 391 MAGNOLIA PLACE  
City-St-Zip: DEBARY, FL 32713

Title: DIRE  
Name: BERRY, DONALD P SR  
Address: 391 MAGNOLIA PLACE  
City-St-Zip: DEBARY, FL 32713

I hereby 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 all other like empowered.

SIGNATURE: DONALD P. BERRY, SR.

PVST

04/30/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date