


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
CLERK OF THE STATE
VISION OF CORPORATION

04 OCT -4 PM 1:29

DOCUMENT # P03000105529 1. Entity Name MISSY MISSY DESIGNS, INC.																											
Principal Place of Business 333 SW 195TH AVE PEMBROKE PINES, FL 33028		Mailing Address 333 SW 195TH AVE PEMBROKE PINES, FL 33028																									
2. Principal Place of Business 13629 75 lane North Suite, Apt. #, etc. West Palm Beach City & State Florida		3. Mailing Address 13629 75 lane North Suite, Apt. #, etc. West Palm Beach City & State Florida																									
4. EFL Number 52-2413597		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent DAIGLE, JENIFER C 333 SW 195TH AVE PEMBROKE PINES, FL 33028																									
7. Name and Address of New Registered Agent Jenifer Daigle Street Address (P.O. Box Number is Not Acceptable) 13629 75 lane North West Palm Beach City FL Zip Code 33412		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 <i>Jenifer C Daigle</i> DATE 9-29-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>																									
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAIGLE, JENIFER C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 SW 195TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	DAIGLE, JENIFER C		STREET ADDRESS	333 SW 195TH AVE		CITY-ST-ZIP	PEMBROKE PINES, FL 33028		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Jenifer C. Daigle</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13629 75 lane North</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>West Palm Beach, FL</td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Jenifer C. Daigle		STREET ADDRESS	13629 75 lane North		CITY-ST-ZIP	West Palm Beach, FL	
TITLE	P	<input type="checkbox"/> Delete																									
NAME	DAIGLE, JENIFER C																										
STREET ADDRESS	333 SW 195TH AVE																										
CITY-ST-ZIP	PEMBROKE PINES, FL 33028																										
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																									
NAME	Jenifer C. Daigle																										
STREET ADDRESS	13629 75 lane North																										
CITY-ST-ZIP	West Palm Beach, FL																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAIGLE, JENIFER C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 SW 195TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	DAIGLE, JENIFER C		STREET ADDRESS	333 SW 195TH AVE		CITY-ST-ZIP	PEMBROKE PINES, FL 33028		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">V.P.</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Annette Calcamuggi</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18449 NW 13 Street</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pembroke Pines FL 33029</td> <td></td> </tr> </table>		TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Annette Calcamuggi		STREET ADDRESS	18449 NW 13 Street		CITY-ST-ZIP	Pembroke Pines FL 33029	
TITLE	P	<input type="checkbox"/> Delete																									
NAME	DAIGLE, JENIFER C																										
STREET ADDRESS	333 SW 195TH AVE																										
CITY-ST-ZIP	PEMBROKE PINES, FL 33028																										
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																									
NAME	Annette Calcamuggi																										
STREET ADDRESS	18449 NW 13 Street																										
CITY-ST-ZIP	Pembroke Pines FL 33029																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAIGLE, JENIFER C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 SW 195TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	DAIGLE, JENIFER C		STREET ADDRESS	333 SW 195TH AVE		CITY-ST-ZIP	PEMBROKE PINES, FL 33028		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAIGLE, JENIFER C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 SW 195TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	DAIGLE, JENIFER C		STREET ADDRESS	333 SW 195TH AVE		CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	P	<input type="checkbox"/> Delete																									
NAME	DAIGLE, JENIFER C																										
STREET ADDRESS	333 SW 195TH AVE																										
CITY-ST-ZIP	PEMBROKE PINES, FL 33028																										
TITLE	P	<input type="checkbox"/> Delete																									
NAME	DAIGLE, JENIFER C																										
STREET ADDRESS	333 SW 195TH AVE																										
CITY-ST-ZIP	PEMBROKE PINES, FL 33028																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAIGLE, JENIFER C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 SW 195TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	DAIGLE, JENIFER C		STREET ADDRESS	333 SW 195TH AVE		CITY-ST-ZIP	PEMBROKE PINES, FL 33028		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAIGLE, JENIFER C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 SW 195TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	DAIGLE, JENIFER C		STREET ADDRESS	333 SW 195TH AVE		CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	P	<input type="checkbox"/> Delete																									
NAME	DAIGLE, JENIFER C																										
STREET ADDRESS	333 SW 195TH AVE																										
CITY-ST-ZIP	PEMBROKE PINES, FL 33028																										
TITLE	P	<input type="checkbox"/> Delete																									
NAME	DAIGLE, JENIFER C																										
STREET ADDRESS	333 SW 195TH AVE																										
CITY-ST-ZIP	PEMBROKE PINES, FL 33028																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAIGLE, JENIFER C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 SW 195TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	DAIGLE, JENIFER C		STREET ADDRESS	333 SW 195TH AVE		CITY-ST-ZIP	PEMBROKE PINES, FL 33028		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAIGLE, JENIFER C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>333 SW 195TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL 33028</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	DAIGLE, JENIFER C		STREET ADDRESS	333 SW 195TH AVE		CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	P	<input type="checkbox"/> Delete																									
NAME	DAIGLE, JENIFER C																										
STREET ADDRESS	333 SW 195TH AVE																										
CITY-ST-ZIP	PEMBROKE PINES, FL 33028																										
TITLE	P	<input type="checkbox"/> Delete																									
NAME	DAIGLE, JENIFER C																										
STREET ADDRESS	333 SW 195TH AVE																										
CITY-ST-ZIP	PEMBROKE PINES, FL 33028																										
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: <i>Jenifer C Daigle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 9-29-04 Daytime Phone # 954-401-7264																									