## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2004 8:00 am Secretary of State

|                                                 | ANNUAL                                                            | KEPOKI                                  |                                |                                                    |                             | Secret                  | ai y (             | וכו זנ         | iaic                      |  |
|-------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------|--------------------------------|----------------------------------------------------|-----------------------------|-------------------------|--------------------|----------------|---------------------------|--|
| 1. Entity Name                                  | MENT # P03000108<br>es by design, INC.                            | 390                                     |                                |                                                    |                             | 04-26-2004              |                    | 37 ***1:       | 50.00                     |  |
| Principal Place                                 | e of Business                                                     | Mailing Address                         | Mailing Address                |                                                    |                             | 44036464                |                    |                |                           |  |
| 2001 83 RD                                      | AVE N, #1039                                                      | 2001 83 RD AVE N, #1039                 |                                |                                                    |                             |                         |                    |                |                           |  |
| ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702 |                                                                   |                                         | 702                            |                                                    |                             |                         |                    |                |                           |  |
| 2 Principal D                                   | lane of Duninger                                                  | 3. Mailing Address                      |                                |                                                    |                             |                         |                    |                |                           |  |
| 2. Principal Place of Business Same             |                                                                   | Same                                    |                                |                                                    |                             | <b></b>                 | A COURT WHIRE LUID |                | (1881 H 188)              |  |
| Suite, Apt. #, etc.<br>#5066 ·                  |                                                                   | Suite, Apt. #, etc.<br>#5066            |                                | ·                                                  | 01302004                    | Chg-P                   | CR2E03             | 4 (10/03)      | · ·                       |  |
| City & State                                    |                                                                   | City & State                            |                                |                                                    | 4. FEI Numb                 | er<br>2127631           |                    |                | plied For<br>t Applicable |  |
| Zip                                             | Country                                                           | Zip                                     | Country                        |                                                    |                             | of Status Desired       | □ \$               | 8.75 Add       | litional                  |  |
| *** ·                                           | 6. Name and Address of Current                                    | Registered Agent                        |                                | - 4                                                | 7. Name and                 | Address of New R        |                    | ee Required    | 3 ~                       |  |
|                                                 |                                                                   |                                         |                                | Name 4                                             |                             |                         |                    |                |                           |  |
| MOFFETT, MARY L<br>2001 83 RD AVE N, #1039      |                                                                   |                                         |                                | Street Address (P.O. Box Number is Not Acceptable) |                             |                         |                    |                |                           |  |
|                                                 | SBURG, FL 33702                                                   |                                         | 20                             | 201                                                | 83rd.                       | au.n.                   | #500               | 66             |                           |  |
|                                                 |                                                                   |                                         |                                |                                                    |                             |                         |                    |                |                           |  |
|                                                 |                                                                   |                                         | City                           | 5+.P                                               | GTERS !                     | BURG                    | FL                 | Zig Gode       | 702                       |  |
|                                                 | named entity submits this statement for ions of registered agent. | the purpose of changing its re          | gistered office or             | r registere                                        | ed agent, or bo             | th, in the State of Flo | rida. I am fa      | miliar with    | and accept                |  |
| SIGNATURE,                                      | Signature, typed or prigrid name of registered agent a            | MALE AND (NOTE: A                       | Pary L. egistered agent signat | U) ure required                                    | nderse<br>when reinstating) | n ·                     | 2-10<br>DATE       | -04            |                           |  |
|                                                 | E NOW!!! FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.0        | 9. Election Campaign Trust Fund Contrib |                                |                                                    | 00 May Be<br>ed to Fees     |                         |                    |                | •                         |  |
| 10.                                             | - OFFICERS AND                                                    | DIRECTORS                               | 11.                            |                                                    | ADDITIONS                   | CHANGES TO OFFI         | CERS AND D         | DIRECTORS      | 3 IN 11                   |  |
| TITLE                                           |                                                                   | ☐ Delete                                | TITLE                          | PRI                                                | SIDEN                       | IT                      |                    | Change         | Addition                  |  |
| NAME<br>STREET ADDRESS                          |                                                                   |                                         | NAME<br>STREET ADDRESS         | MA                                                 | RYL.A                       | NOERSO.                 | N<br>F FOL L       |                |                           |  |
| CITY-ST-ZIP                                     | -<br>3                                                            |                                         | CITY-ST-ZIP                    | 200                                                | 01'83 RC                    | AVEINIT                 | 3000<br>300        | 707            |                           |  |
| TITLE                                           | · ,                                                               | Delete                                  | TITLE                          | 57,                                                | peters                      | BURG, FL                | <u>در ر</u><br>ا   | ☐ Change       | ☐ Addition                |  |
| NAME                                            | V                                                                 | , 111 23.5.5                            | NAME                           |                                                    |                             |                         | •                  |                | _                         |  |
| STREET ADDRESS                                  |                                                                   |                                         | STREET ADDRESS                 |                                                    |                             |                         |                    |                |                           |  |
| CITY-ST-ZIP                                     | <u> </u>                                                          | ☐ Detete                                | CITY-ST-ZIP                    |                                                    | <u> </u>                    |                         |                    | ☐ Change       | Addition                  |  |
| NAME                                            | - · ·                                                             | LI Desete                               | NAME                           | 1                                                  |                             | . ~                     | '                  | Change         | Augilion                  |  |
| STREET ADDRESS                                  |                                                                   |                                         | STREET ADDRESS                 |                                                    |                             |                         |                    |                |                           |  |
| CITY-ST-ZIP                                     |                                                                   |                                         | CITY-ST-ZIP                    |                                                    |                             |                         |                    |                |                           |  |
| TITLE<br>NAME                                   |                                                                   | ☐ Detete                                | TITLE<br>NAME                  |                                                    |                             |                         | l                  | Change         | Addition                  |  |
| STREET ADDRESS                                  |                                                                   |                                         | STREET ADDRESS                 |                                                    |                             |                         |                    |                |                           |  |
| CITY-ST-ZIP                                     |                                                                   |                                         | CITY-ST-ZIP                    |                                                    |                             |                         |                    |                |                           |  |
| TITLE                                           |                                                                   | ☐ Defete                                | TITLE                          |                                                    |                             |                         | ı                  | Change         | Addition                  |  |
| NAME<br>ETDEET ADDRESS                          |                                                                   |                                         | NAME<br>STREET ADDRESS         |                                                    |                             |                         |                    |                |                           |  |
| STREET ADDRESS<br>CXTY-ST-ZIP                   |                                                                   |                                         | CITY-ST-ZIP                    |                                                    |                             |                         | # .                | -              | •                         |  |
| TITLE                                           |                                                                   | ☐ Delete                                | TITLE                          | †                                                  |                             |                         |                    | ☐ Change       | Addition                  |  |
| NAME                                            |                                                                   |                                         | NAME                           |                                                    |                             |                         | ,                  | •              |                           |  |
| STREET ADDRESS                                  |                                                                   |                                         | STREET ADDRESS<br>CITY-ST-ZIP  |                                                    |                             | -                       | •                  |                |                           |  |
| 12 I hereby o                                   | certify that the information supplied with                        | this filling does not qualify for th    |                                | ted in So                                          | ction 119 07/21             | (i) Florida Statutos I  | further certif     | iv that the ir | oformation                |  |
| · · · · · · · · · · · · · · · · · · ·           | zorany andra and amortridation auppindu with                      | and thing accession decinity to the     | onorripatori ala               |                                                    |                             | ry, . regrow enucios, i |                    | y              |                           |  |

12. I hereby certify that the information supplied with this filling 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: Mary L.M. SIGNATURE AND TYPEP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DESTRUCTION DEST