


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000108390</b> 1. Entity Name VENTURES BY DESIGN, INC.	
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Principal Place of Business 5504 HAINES RD SAINT PETERSBURG, FL 33714	Mailing Address 5502 HAINES RD SAINT PETERSBURG, FL 33714
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**DO NOT WRITE IN THIS SPACE**



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2127636	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ANDERSON, MARY L 2001 83 RD AVE N, #5066 ST PETERSBURG, FL 33702
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**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) DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANDERSON, MARY L 2001 83RD AVE. N. #5066 SAINT PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDERSON, KENNETH R 2001 83RD AVE N #5066 SAINT PETERSBURG, FL 33702
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U00000727614  
05/04/07-80054-015 150.00

**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:

*Mary L. Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-07  
Date

Daytime Phone #