2004 FOR PROFIT CORPORATION ANNUAL REPORT

2004 FOR PROFIT CORPORATION ANNUAL REPORT			4/30/2004-90247-039/SFT25-571.25 SECRETARY OF STATE DIVISION OF CORPORATIONS			
DOCUMENT # P0300013 1. Entity Name TERI'S DESIGNS, INC.	6216			O4 MAY	25 AM 8: 1	0
Principal Place of Business 1227 NW 4TH AVENUE DELRAY BEACH, FL US	Mailing Address 1227 NW 4TH AVENUE DELRAY BEACH, FL	US	4123		1031 D12	78-75
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.			04272004	Chg-P	CR2E034 (10/03))
City & State	City & State	City & State		9370	7 ·	applied For for Applicable
Zip Country	Zip	Country	5. Certificate of S		S8.75 Ar	
6. Name and Address of Curren	t Registered Agent	Name	7. Name and Add	tress of New Re	gistered Agent	
O'REILLY, TERI J 1227-NW 4TH AVENUE DELRAY BEACH, FL 33444			(P.O. Box Number is	Not Acceptable)		
		City			FL Zip Co	de
The above named entity submits this statisfier the obligations of registered agent. SIGNATURE Signature, typed or primed name of registrifter agent.		gistered Office of registe		The State of Flor	DATE	n, and accept
FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550	9. Election Campaign Trust Fund Contribu		i.QO May Be ded to Fees			
10. OFFICERS ANI TITLE PROPERTY OF THE PROPER	O DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-2P	ADDITIONS/CH/	ANGES TO OFFIC	CERS AND DIRECTO	
TITLE MAIME STREET ADDRESS CITY-ST-ZEP	. Delas	THE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	Oetate	TITLE NAME STREET ADDRESS CTTY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	`□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Change	~ [] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Dziete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
12. I hereby certify that the information supplied we indicated on this report of supplemental report of the comporation of the receiver of trustee emchanged, or on an attachment with an address SIGNATURE:	loowered to execute this renort as	ne exemption stated in S signature shall have the required by Chapter 60	ection 119.07(3)(i), F a same legal effect as 17, Florida Statutes; a	lorida Statutes. I il made under or nd that my name 4-27-0	further certify that the ath; that I am an office appears in Block 10	information er or director or Block 11 if: