## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 11, 2007 8:00 am Secretary of State DOCUMENT # P03000138045 1. Entity Name 04-11-2007 90014 041 \*\*\*150.00 DD CUSTOM COLLECTIONS, INC. Principal Place of Business Mailing Address DIANE DEEN, DEEN DESIGNS, INC. 2823 DAY AVE DIANE DEEN, DEEN DESIGNS, INC. 2560 TIGERTAIL AVE #3 MIAMI FL 33133 **MIAMI FL 33133** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address AVENUE ひとんりん Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-0560104 FL MiARi Not Applicable Zip Zip Country . Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DYAL, J. PATRICK 1401 E BROWARD BLVD STE 300 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33301 Zip Code 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little r applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPST IIILE ☐ Delete TITLE ☐ Change Addition DEEN, DIANE NAMI NAME **2823 DAY AVE** STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY ST-ZIP THRE ☐ Delete IIILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Delete HILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP Delete THILE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP HILE Delete ■ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that if am an officer or director of the corporation or the receiver of trustoe 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.

**FILED** 

Daytime Phone 4

Date