2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr 16, 2007 8:00 am **DOCUMENT # P03000141317** Secretary of State 04-16-2007 90073 018 ***150.00 SUCCESS BY DESIGN OF N.E. FLORIDA, INC. Principal Place of Business Mailing Address 314 WESTCHESTER DRIVE PO BOX 3374 DELAND, FL 32724 DELAND, FL 32721 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 038-5 1038-5 Dunn Suite, Apt. #, etc. 03292007 CR2E034 (12/06) Chg-P Applied For City & State 4. FEI Number 20-0426349 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASHCHI NADER P Street Address (P.O. Box Number is Not Acceptable) 314 W DELA 1038-5 Dunn Avenue Dunn Ave. PMB 125 **PMB 125** Jacksonville, FL 32218 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ■ Addition Change 🔀 TITLE ☐ Defete TITLE ASHCHI, NADER P NAME NAME 1038-5 Dunn Ave., PMB 125 Jacksonville, FL 32218 STREET ADDRESS PO BOX 3374 STREET ADDRESS DELAND, FL 32721 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

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