

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 23, 2006 8:00 am Secretary of State

| DOCUMENT # P04000030889  1. Entity Name DUVAL DESIGNS, INC.   |   |                                      |  | 03-23-2006                          | 90016 029 ***150.00                       |
|---|---|--------------------------------------|--|-------------------------------------|---|
| Principal Plac  | e of Business   | Mailing Address                      |  | -                                   |   |
| 36348 KEYSTONE AVE. PO BOX 986  |   |                                      | •  |                                     |   |
| ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33539   |   |                                      | 539  |                                     | 50004896                                  |
|   |   |                                      |  |                                     |   |
| 2. Principal P  | dace of Business 32 Otis Allen Rd   | 3. Mailing Address                   |  |                                     | 10/H 16/106                               |
| Suite, Apt.   |   | Suite, Apt. #, etc.                  | <del> </del>   | 03082006 Chg-P                      | CR2E034 (11/05)                           |
| City & State  |   | City & State                         |  | 4. FEI Number<br>20-0853112         | Applied For Not Applicable                |
| Zip   | Country   | Zip                                  | Country  | 5. Certificate of Status Desired    | \$8.75 Additional                         |
| <u> 33540</u>   |   |                                      |  |                                     | Fee Required                              |
|   | 6. Name and Address of Current F  | Registered Agent                     | Name 0   | 7. Name and Address of New          | A Registered Agent                        |
| VASQUEZ   | , MICHELLE L  |                                      | <u> </u>   | ichelle L.V                         | asquez                                    |
| 36348 KEYSTONE AVE.   |   |                                      | Street Address                                       | s (P.O. Box Number is Not Accepta   | ible)                                     |
| ZEPHYRH   | IILLS, FL 33541   |                                      | 30   | 737 Bis A                           | -Hen Rd                                   |
|   |   |                                      | City   | 100 0+1214                          | - Zip Codo                                |
|   |   |                                      | 1 Ce   | ohythills                           | • <b>-</b>   260.90                       |
| 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. |   |                                      |  |                                     |   |
| VV (124/0010 1) (124/02 - 3/20/186  |   |                                      |  |                                     |   |
| SIGNATURE Signature, typed or prifted name of registered agent and title if explicable. (NOTE Rigistered Agent signature required when reinstating)  DATE   |   |                                      |  |                                     |   |
|   |   |                                      |  |                                     |   |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.0  | 9. Election Campa<br>Trust Fund Conf |  | 5.00 May Be<br>dded to Fees         |   |
| 10.   | OFFICERS AND I  | DIRECTORS                            | 11.  | ADDITIONS/CHANGES TO O              | FFICERS AND DIRECTORS IN 11               |
| TITLE   | PRES  | Delete                               | TITLE  |                                     | ☐ Change ☐ Addition                       |
| NAME<br>STREET ADDRESS  | VASQUEZ, MICHELLE L<br>PO BOX 986   |                                      | NAME<br>STREET ADDRESS                               |                                     | ļ   |
| CITY-ST-ZIP   | ZEPHYRHILLS, FL 33539   |                                      | CITY-ST-ZIP  |                                     | }   |
| TITLE   | VP  | ☐ Delete                             | TITLE  |                                     | ☐ Change ☐ Addition                       |
| NAME  | VASQUEZ, JOSEPH A JR.   | ے ماناند                             | NAME   |                                     |   |
| STREET ADDRESS  | PO BOX 986  |                                      | STREET ADDRESS                                       |                                     | ļ,  |
| CITY-ST-ZIP   | ZEPHYRHILLS, FL 33539   |                                      | CITY-ST-ZIP  | <u></u>                             |   |
| TITLE<br>NAME   | SEC<br>VASQUEZ, MICHELLE L  | Doelete                              | TITLE<br>NAME  |                                     | ☐ Change ☐ Addition ☐                     |
| STREET ADDRESS  | PO BOX 986  | ,                                    | STREET ADDRESS                                       |                                     |   |
| CITY-ST-ZIP   | ZEPHYRHILLS, FL 33539   |                                      | CITY-ST-ZIP  |                                     |   |
| TITLE   | TREA  | Delete                               | TITLE  |                                     | ☐ Change ☐ Addition                       |
| NAME  | VASQUEZ, MICHELLE L   |                                      | NAME   |                                     | ļ   |
| STREET ADDRESS  City-St-Zip   | PO BOX 986<br>ZEPHYRHILLS, FL 33539   |                                      | STREET ADDRESS  CITY-ST-ZIP                          |                                     | {   |
|   | ZEFTTRIILES, FE 33333   |                                      | TITLE  |                                     | Change Addition                           |
| TITLE<br>NAME   |   | ☐ Delete                             | NAME   |                                     | Li Change Li Addition (                   |
| STREET ADDRESS  | 1   |                                      | STREET ADDRESS                                       |                                     | }   |
| CITY-ST-ZIP   |   |                                      | CITY-ST-ZIP  |                                     | · _                                       |
| TITLE   |   | - Delete                             | TITLE  | ,                                   | ☐ Change ☐ Addition                       |
| NAME  |   |                                      |  |                                     |   |
| ]   |   |                                      | NAME<br>STREET ADDRESS                               | _                                   | 1   |
| STREET ADDRESS CITY-SI-ZIP  |   |                                      | NAME STREET ADDRESS CITY-ST-ZIP                      |                                     |   |
| STREET ADDRESS CITY-ST-ZIP  | certify that the information supplied with to this report or supplemental report protation or the receiver or trustee-emore | this filing does not qualify for     | STREET ADDRESS CITY-ST-ZIP or the exemptions contain | ed in Chapter 119, Florida Statutes | s. I further certify that the information |

changed, or on an attachment

SIGNATURE:

3/20/06