2008 FOR PROFIT CORPORATION

FILED Mar 06, 2008 8:00 am

- ANNUAL REPORT						Secretary of State				
DOCU 1. Entity Nam				03-06-2008	•					
DESIGNS	S BY DA\	VID, INC.								
Principal Plac	e of Busines	S	Mailing Address	1	·	4004	սութ			
2685B TAMIAMI TRL			2685B TAMIAMI TRL			4002				
PORT CHARL	OTTE, FL 3	33952	PORT CHARLOTTE, FL 3	33952						
							88 81 86 86 8			
2. Principal Place of Business - No P.O. Box # 4410 LIBRAR			3. Mailing Address HH10 L113RARY							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01202008	Chg-P	CR2E03	4 (12/06)	
City & State CHAPLUTE FL			PORT CHAPLOTTE FL		FL	4. FEI Numb 20-075				plied For t Applicable
3394		Country USA	33948	Country レSA			of Status Desired	Ľ Ė.	8.75 Add se Required	
Name and Address of Current Registered Agent							Address of New	-	ent	
COHN, DAVID L 2685B TAMIAMI TRL PORT CHARLOTTE, FL 33952				Street A		レ10 P.O. Box Numb	er is Not Acceptab) HN		
		t		City 9)12-	CHAP	(077/5	FL	Zip Code	3948
8. The above	named entit	ty submits this statement is	the purpose of changing its r						miliar with,	and accept
the obligat	tions of regis	tered agent.								
SIGNATURE_	NV		 .							
SIGNATURE -		-/ / 								
SIGNATURE	Signature, typed	o conted name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signal	ure required	when reinstating)		DATE		
FiL	E NOW!!!	FEE IS \$150.00 8 Fee will be \$550.0	9. Election Campaig	gn Financing	\$5.	when reinstating) .00 May Be ed to Fees		DATE		
FiL	E NOW!!!	FEE IS \$150.00	9. Election Campaig Trust Fund Contri	gn Financing	\$5 . Add	.00 May Be ed to Fees	/CHANGES TO OF	-	DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filling 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 any address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR