


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90052 049 ***150.00

DOCUMENT # P04000031410

1. Entity Name
DESIGNS BY DAVID, INC.



Principal Place of Business Mailing Address
2685B TAMiami TrL **2685B TAMiami TrL**
PORT CHARLOTTE, FL 33952 **PORT CHARLOTTE, FL 33952**

40040010

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4410 LIBRARY **4410 LIBRARY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



01202008 Chg-P CR2E034 (12/06)

City & State City & State
PORT CHARLOTTE FL **PORT CHARLOTTE FL**
 Zip Country Zip Country
33948 **USA** **33948** **USA**

4. FEI Number Applied For
20-0758473 Not Applicable

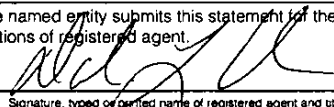
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

COHN, DAVID L
2685B TAMiami TrL
PORT CHARLOTTE, FL 33952

Name **DAVID L. COHN**
 Street Address (P.O. Box Number is Not Acceptable)
4410 LIBRARY
 City **PORT CHARLOTTE** FL Zip Code **33948**

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  DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COHN, DAVID L 2685B TAMiami TrL PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO COHN, DAVID L 4410 LIBRARY PORT CHARLOTTE FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PENTELECUC, KURTIS P 2685B TAMiami TrL PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PENTELECUC, KURTIS P 4410 LIBRARY PORT CHARLOTTE FL 33948 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **3-1-08** **941-235-7355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #