2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033638

City-St-Zip:

WESLEY CHAPEL, FL 33544

Entity Name: FORM DESIGNERS, INC.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 19912 DEER LAKE RD LUTZ, FL 33548 **Current Mailing Address: New Mailing Address:** 19912 DEER LAKE RD LUTZ, FL 33548 FEI Number: 20-0663718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAYES, LLOYD N 19912 DEER LAKE RD LUTZ, FL 33548 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HAYES, LLOYD N Name: Name: 19912 DEER LAKE RD Address: Address: City-St-Zip: LUTZ, FL 33548 City-St-Zip: Title: Title: () Change () Addition () Delete Name: HAYES-WIGGINS, CRYSTAL Name: 2904 LAKE STALL LANE Address: Address: TAMPA, FL 33618 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WILLSON, RICHARD D Name: Name: 25916 RISENSTAR DR. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LLOYD HAYES D 01/05/2006