

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067064

Entity Name: WILD EYE DESIGNS INC.

FILED
Jan 05, 2011
Secretary of State

Current Principal Place of Business:

5440 N. OCEAN DRIVE
SUITE 504 AQUARIUS
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

5380 N. OCEAN DRIVE
SUITE 3J EASTPOINT II
SINGER ISLAND, FL 33404 US

Current Mailing Address:

5440 N. OCEAN DRIVE
SUITE 504 AQUARIUS
SINGER ISLAND, FL 33404 US

New Mailing Address:

5380 N. OCEAN DRIVE
SUITE 3J EASTPOINT II
SINGER ISLAND, FL 33404 US

FEI Number: 20-1036925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORWITZ, MICHAEL
5440 N. OCEAN DRIVE
SUITE 504 AQUARIUS
SINGER ISLAND, FL 33404 US

Name and Address of New Registered Agent:

HORWITZ, MICHAEL
5380 N. OCEAN DRIVE
SUITE 3J EASTPOINT II
SINGER ISLAND, FL 33404 US

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: /MICHAEL HORWITZ/

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPTS
Name: HORWITZ, MICHAEL
Address: 5380 N. OCEAN DRIVE, SUITE 3J EASTPOINT II
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: VP
Name: HORWITZ, WARREN
Address: 5380 N. OCEAN DRIVE, SUITE 3J EASTPOINT II
City-St-Zip: SINGER ISLAND, FL 33404 US

I hereby 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 all other like empowered.

SIGNATURE: /MICHAEL HORWITZ/

MR

01/05/2011

Electronic Signature of Signing Officer or Director

Date