2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076961

Address:

City-St-Zip:

1210 SORRENTO DRIVE

WESTON, FL 33326 US

Entity Name: SLOVAUN DESIGNS, INC.

FILED Apr 19, 2008 Secretary of State

Entity Nar	me: SLOVA	IUN DESIGNS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	NNAH FALL FL 33327	S DRIVE					
Current Mailing Address:				New Mailing Address:			
836 SAVAI WESTON,	NNAH FALL FL 33327	S DRIVE					
FEI Number: 20-1446835 FEI Number Applied For ()			For()	FEI Number Not App	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	OMENA J NNAH FALL FL 33327	S DRIVE US					
	named entite of Florida.	ry submits this stateme	nt for the pu	rpose of changing i	ts registe	red office or registered agent, or be	oth,
SIGNATUR	RE:						
	Electr	onic Signature of Regi	stered Agen	t		Date	
Election Car	npaign Financ	ing Trust Fund Contributi	on ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FILOMENA, 836 SAVANN	() Delete ROSE IAH FALLS DR ERDALE, FL 33327		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name:	VP VOLDECK, J	()Delete IOSEPH F II		Title: Name:	VP VOLDECH	(X) Change () Addition	

Address:

City-St-Zip:

836 SAVANNAH FALLS DRIVE WESTON, FL 33327 US

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: FILOMENA J. ROSE P 04/19/2008