2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P04000148338 03-03-2008 90208 003 ***158.75 ENVY BY DESIGN, INC. Principal Place of Business Mailing Address 40037514 1412 E. ROBINSON ST. 1412 E. ROBINSON ST. ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1846500 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Van Dusen WALTERS, HEATHER M dress (P.O. Box Number is Not Acceptable) 1412 E. ROBINSON ST. ORLANDO, FL 32801 mad 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 spreading agent. 8. The above nar SIGNATURE (NOTE: Registered Agent signature regulard when reinstation) e, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. MRS. TITLE TITLE ☐ Addition WALTERS, HEATHER M NAME NAME 1412 E. ROBINSON ST STREET ADDRESS STREET ADDRESS ORLANDO, FL 32801 CITY-ST-7IP CITY-ST-7IP OFFICER IDIRECTOR TITLE ☐ Delete TITLE ☐ Change ☐ Addition VAN DUSEN, GLORIA NAME NAME STREET ADDRESS 1412 E. ROBINSON ST STREET ADDRESS ORLANDO, FL 32801 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Change Delete TILLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 attachner, with an Andress, with all other/like empowered.

FILED Mar 03, 2008 8:00 am

Date