2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152233

Entity Name: ITALIAN C. DESIGNS INC.

FILED Jan 10, 2007 Secretary of State

a (B) : IBI (B) :	
Current Principal Place of Business:	New Principal Place of Business:

1500 N LOCKWOOD RIDGE DR 3668 ENT TERRACE 102 NORTH PORT, FL 34286

SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

1500 N LOCKWOOD RIDGE DR 3668 ENT TERRANCE 102 NORTH PORT, FL 34286

SARASOTA, FL 34237

FEI Number: 34-2024923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

A1A REGISTERED AGENT, INC. HENIN, FERNANDO A P 92 SADBERRY RD. 3668 ENT TERRACE

QUINCY, FL 32351 US NORTH PORT, FL 34286 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: FERNANDO AGUSTIN HENIN 01/10/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 HENIN, FERNANDO A
 Name:
 HENIN, FERNANDO A

 Address:
 1500 N LOCKWOOD RIDGE RD #102
 Address:
 3668 ENT TERRACE

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:
 NORTH PORT, FL 34286

Title: V (X) Delete Title: () Change () Addition Name: FAITH, FILOS K Name:

 Address:
 2851 S OCEAN BLVD. #2T
 Address:

 City-St-Zip:
 BOCA RATON, FL 33432
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition Name: CAYAXON, MARIO Name:

Address: 1500 N LOCKOOD RIDGE RD #102 Address:
City-St-Zip: SARASOTA, FL 34237 City-St-Zip:

Title: T (X) Delete Title: () Change () Addition

 Name:
 CAYAXON, SILVIO
 Name:

 Address:
 1500 N LOCKWOOD RIDGE RD #102
 Address:

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:

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.

SIGNATURE: FERNANDO AGUSTIN HENIN P 01/10/2007