2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Wash

SIGNATURE AND TYPEO'R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P04000154680 1. Entity Name 04-25-2005 90232 001 ***150.00 WEDDINGS BY DESIGN, INC. Principal Place of Business Mailing Address 1606 PRESIDIO DR. 1606 PRESIDIO DR. CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA INCORPORATORS, INC. Street Address (P.O. Box Number is Not Acceptable) 8875 HIDDEN RIVER PKWY., STE. 300 TAMPA FL 33637-2087 City Zip Code 9. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed namé of registered agent and title if applicable. (NOTE: Registered Agent signature regiused when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DIRECTOR - PRESIDENT TITLE TITLE ☐ Defete Change ☐ Addition NAME HIGGINS-VAN DE MARK, DIANA HIGGINS-VAN DE MARK, DIANA 1606 PRESIDIO DR. STREET ADDRESS STREET ADDRESS 1606 PRESIDIO DRIVE CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP CLERMONT FL 34711 DIRECTOR - VICE PRESIDENT TITLE ☐ Delete Change ☐ Addition NAME VAN DE MARK, A.D. VAN DE MARK, A. D. 1606 PRESIDIO DRIVE STREET ADDRESS 1606 PRESIDIO DR. STREET ADDRESS CLERMONT FL 34711 CITY-ST-7IP CITY-ST-ZIP ILILE . Delete THTLE ☐ Change ☐ Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Agent Vax De Mark DIANA HIGGINS-VAN DE MARK 352536-2061

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FILED