## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000015935

Entity Name: INFINITE DESIGN STUDIO INC.

Jul 17, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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320 QUAIL FOREST BLVD. 8788 COMMERCE DRIVE

BONITA SPRINGS, FL 34135 US #402

NAPLES, FL 34105

**New Mailing Address: Current Mailing Address:** 

320 QUAIL FOREST BLVD. 8788 COMMERCE DRIVE

#402 BONITA SPRINGS, FL 34135 US NAPLES, FL 34105

FEI Number: 20-2258382 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:

SUNQUIST, VANESSA 320 QUAIL FOREST BLVD. #402 NAPLES, FL 34105 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SUNQUIST, VANESSA SUNQUIST, VANESSA Name: Name: 320 QUAIL FOREST BLVD. #402 Address:

2889 INLET COVE LANE WEST Address: NAPLES, FL 34120 US City-St-Zip: NAPLES, FL 34105 US City-St-Zip:

VΡ Title: VΡ Title:

() Delete (X) Change ( ) Addition Name: SUNQUIST, VANESSA Name: SUNQUIST, VANESSA

320 QUAIL FOREST BLVD. #402 2889 INLET COVE LANE WEST Address: Address: NAPLES, FL 34105 US NAPLES, FL 34120 US City-St-Zip:

City-St-Zip:

Title: (X) Change ( ) Addition Title: () Delete SUNQUIST, VANESSA SUNQUIST, VANESSA Name: Name:

320 QUAIL FOREST BLVD. #402 2889 INLET COVE LANE WEST Address: Address:

City-St-Zip: NAPLES, FL 34105 US City-St-Zip: NAPLES, FL 34120 US

Title: () Delete Title: (X) Change ( ) Addition SUNQUIST, VANESSA SUNQUIST, VANESSA Name: Name:

Address: 320 QUAIL FOREST BLVD. #402 Address: 2889 INLET COVE LANE WEST City-St-Zip: NAPLES, FL 34105 US City-St-Zip: NAPLES, FL 34120 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: VANESSA K. SUNQUIST **PRES** 07/17/2007