2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 05, 2006 8:00 am Secretary of State **DOCUMENT # P05000028971** 1. Entity Name 04-05-2006 90130 033 ***150.00 DFC DESIGNS, INC. Mailing Address Principal Place of Business 3455 COUNTRYSIDE BLVD 3455 COUNTRYSIDE BLVD SUITE 24 SUITE 24 CLEARWATER, FL 33761 CLEARWATER, FL 33761 3. Mailing Address 2. Principal Place of Business 4/95 105 1/95 /05 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03292006 Chg-P Applied For 4. FEI Number City & State City & State 20-2394628 Not Applicable CLEARWATER CIFARWATER Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KICHARDSON WINEBRENNER, JACK M Street Address (P.O. Box Number is Not Acceptable) 3773 CENTRAL AVENUE ST. PETERSBURG, FL 33713 33 CHNTRAL AVE. 8. 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ■ Addition ☐ Defete TITI F TITLE NAME NAME HARVEY, DIANA I 4195 105TH AVE N 3455-COUNTRYSIDE BLVD #24-STREET ADDRESS STREET ADDRESS CLEAZWATEZ FL 33762 CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE STEVEN A. WICHLENSKI NAME NAME 4195 105TH AVE N STREET ADDRESS STREET ADDRESS 3376a CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Chance ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 exemptions contained 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 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.

DIANA I HARVEY.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED