
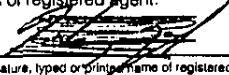

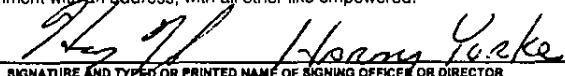


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P05000037828		
1. Entity Name DESIGNER'S TOUCH JEWELRY OF PALM BEACH COUNTY, INC.		
Principal Place of Business 1035 STATE ROAD 7 SUITE 122 WELLINGTON, FL 33414	Mailing Address 1035 STATE ROAD 7 SUITE 122 WELLINGTON, FL 33414	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent YORKE, HARRY 11552 WINDSOR BAY PLACE WELLINGTON, FLORIDA, FL 33467		
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  (NOTE: Registered Agent signature required when reinstating) DATE 		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D YORKE, HARRY 11552 WINDSOR BAY PLACE WELLINGTON, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T YORKE, HARRY 11552 WINDSOR BAY PLACE WELLINGTON, FL 33467	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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 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.		
SIGNATURE:  3/14/08 561-790-6220 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2725805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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04/02/08-80046-014 150.00

**DO NOT WRITE
IN THIS SPACE**