

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053942

FILED
Apr 22, 2007
Secretary of State

Entity Name: OPTIONS PLUS DESIGN, INC.

Current Principal Place of Business:

30642 FOREST PARKE DRIVE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

2157 FIRST AVE
FERNANDINA BEACH, FL 32034

Current Mailing Address:

30642 FOREST PARKE DRIVE
FERNANDINA BEACH, FL 32034

New Mailing Address:

PO BOX 16855
FERNANDINA BEACH, FL 32035

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, KAREN
30642 FOREST PARKE DRIVE
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

FULLER, KAREN
2157 FIRST AVE
FERNANDINA BEACH, FL 32034 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:

04/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: FULLER, KAREN
Address: 30642 FOREST PARKE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP/D () Delete
Name: HOVEN, DAVID
Address: 30642 FOREST PARKE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T/S () Delete
Name: FULLER, KAREN
Address: 30642 FOREST PARKE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: FULLER, KAREN
Address: 2157 FIRST AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VP/D (X) Change () Addition
Name: HOVEN, DAVID
Address: 2157 FIRST AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T/S (X) Change () Addition
Name: FULLER, KAREN
Address: 2157 FIRST AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: KAREN FULLER

PR

04/22/2007

Electronic Signature of Signing Officer or Director

Date