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Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90030 005 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000145028

1. Entity Name
EUPHORIA DESIGN, INC.

400136724

Principal Place of Business	Mailing Address
1716 CHARLESTON WOODS CT PLANT CITY, FL 33566 US	C/O 200 LAKE MORTON DRIVE SUITE 300 LAKELAND, FL 33801 US

01072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
	200 Lake Morton Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 200
City & State	City & State Lakeland, FL
Zip / Country	Zip 33801 / Country USA

4. FEI Number 20-8919698 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, E. SNOW JR 200 LAKE MORTON DR SUITE 300 LAKELAND, FL 33801	Name: E. Snow Martin, Jr. Street Address (P.O. Box Number is Not Acceptable): 200 Lake Morton Dr Suite 200 City: Lakeland FL Zip Code: 33801

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] E. Snow Martin, Jr. 1/8/08

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: PD NAME: MADONIA, TAMELA STREET ADDRESS: 1716 CHARLESTON WOODS CT CITY-ST-ZIP: PLANT CITY, FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: STD NAME: MADONIA, BATISTA J III STREET ADDRESS: 1716 CHARLESTON WOODS CT CITY-ST-ZIP: PLANT CITY, FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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: [signature] ~~Batista J Madonia III~~ Batista J Madonia III 1/8/08 863-688-7611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR