2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000148998

Entity Name: DESIGN BY ISABE CORP.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

905 SW 15TH ST., SUITE 507 4425 NW 92 AVENUE POMPANO BCH, FL 33060 SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

905 SW 15TH ST., SUITE 507 4425 NW 92 AVENUE POMPANO BCH, FL 33060 SUNRISE, FL 33351

FEI Number: 20-3756180 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:

SAMMONS, ISABEL
905 SW 15TH ST., SUITE 507
POMPANO BCH, FL 33060 US
SAMMONS, ISABEL
4425 NW 92 AVENUE
SUNRISE, FL 33351 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: 04/30/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SAMMONS, ISABEL
 Name:
 SAMMONS, ISABEL

 Address:
 905 SW 15TH ST., SUITE 507
 Address:
 4425 NW 92 AVENUE

 City-St-Zip:
 POMPANO BCH, FL 33060
 City-St-Zip:
 SUNRISE, FL 33351

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: ISABEL SAMMONS PTSD 04/30/2007