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2006 FOR PROFIT CORPORATION ANNUAL REPORT

Sec. Garage

DOCUMENT # P05000154106 1. Entity Name CASSANDRA'S DESIGNS, INC.			07 FEB 12 All 8: 56			
Principal Place of Business 4956 HWY 90 PACE, FL 32571	Mailing Address 4956 HWY 90 PACE, FL 32571			IALLAHASSEE. FLO	TATE DRIDA	
2. Principal Place of Business 4956 Huy 90 Suite, Apt. #, etc. 3. Mailing Address 4956 Huy 90 Suite, Apt. #, etc.		70				
City & State	City & State	,	08222006 Chg	Appli	ed For	
32571 Vaded States	32571	Country United States	20-3867 5. Certificate of Status	. C9.75 Autolia	pplicable onal	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
SEARS, M. ANN 6160 N DAVISHWY STE 8 PENSACOLA, EL 32504	Street Address	Street Address (P.O. Box Number is Not Acceptable) 6160 North Davis Huy, Suite 7				
	•	City Pen Sag	cola	FL Zip Code	<u> </u>	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its r	egistered office or regist	ered agent, or both, in the S	State of Florida. I am familiar with, and	d accept	
SIGNATURE WILLIAM W. Signature, typed or printed name of registered agent an	Pacs and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating)	9/18/06 DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS IN	<u>v</u> 11	
NAME Cassandra H. Carmack NAM STREET ADDRESS 4956 Huy 90		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5000 02/22/07	Change C 88983765 01008003 **158.79	⊒ Addition S	
TITLE NAME	☐ Delete	TITLE		☐ Change [Addition	
STREET ADDRESS CITY-ST-ZIP	•					
TITLE NAME	Detete TiTLE NAM		<u></u>	88983765	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	02/22/07=	01008004 **150.00		
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				
TITLE NAME	☐ Delete	TITLE NAME		☐ Change [Addition	
STREET ADDRESS CITY-ST-ZIP		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:						

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Cassandra's Designs

4956 Highway 90 Pace, FL 32571

Phone-850.995.8015 * Fax-850.994.3745 * Email: instylle@bellsouth.net

To Whom It May Concern:

I became Incorporated in November of 2005 and have not been informed by my agent of any fees due, nor have I received to my knowledge that I had fees due. I ask that you please waive the \$400.00 late fee in lieu of payment of renewal. I have since changed agents to Mr. William W. Sears who is also my accountant. If there are any further questions, please feel free to contact my agent or me. Mr. Sears's number is 850-479-1040.

Sincerely,

Cassandra H. Carmack President To Whom It May Concern:

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I have done everything correctly and do not understand why this was sent back to me. I have tried calling to talk to a representative and can not get a person on the phone. I have not yet received 2007's either so I am re-sending this sence again. Please have someone contact me at 850-995-8015 or 850-529-4590.

Thanks, Cassandra Carmack