
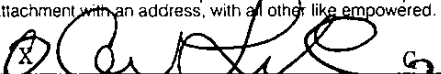


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90042 030 ***150.00

DOCUMENT # P06000000197 1. Entity Name CARRIE LEIGH DESIGNS INC.					
Principal Place of Business 2955 SW 22ND AVE STE 205 C/O COMPUKEEPER INC. BOCA RATON, FL 33431			Mailing Address 2298 NW 2ND AVE., STE. 20 C/O COMPUKEEPER INC. BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 2955 SW 22nd Ave.		3. Mailing Address 			
Suite, Apt. #, etc. 205		Suite, Apt. #, etc. 			
City & State Delray Beach, FL		City & State 			
Zip 33445		Country USA		4. FEI Number 20-4035997	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAPORTE, CARRIE 2955 SW 22ND AVE #20 C/O COMPUKEEPER INC. DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name Carrie LaPorte Street Address (P.O. Box Number is Not Acceptable) 2955 SW 22nd Ave. Ste 205 City Delray Beach FL Zip Code 33445		
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) Signature, typed or printed name of registered agent and title if applicable. 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPORTE, CARRIE 2955 SW 22ND AVE., STE. 205 DELRAY BEACH, FL 33445		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			Laporte, Pr		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/4/08 Date		
561-292-7540			Daytime Phone #		