



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90035 031 ***150.00

DOCUMENT # P06000026726 1. Entity Name TRACY DESIGNS INC.					
Principal Place of Business 412 D BANANA CAY DRIVE SOUTH DAYTONA, FL 32119			Mailing Address 412 D BANANA CAY DRIVE SOUTH DAYTONA, FL 32119		
2. Principal Place of Business - No P.O. Box # 636 Tomoka Ave Suite, Apt. #, etc.		3. Mailing Address 636 Tomoka Ave Suite, Apt. #, etc.		40035014 	
City & State Ormond Beach FL Zip 32174		City & State Ormond Beach FL Zip 32174		4. FEI Number 20-4423534 Applied For <input type="checkbox"/> Not Applicable	
Country Volusia		Country Volusia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRACY, DOUGLAS R 412 D BANANA CAY DRIVE SOUTH DAYTONA, FL 32119				7. Name and Address of New Registered Agent Name Tracy, Douglas R. Street Address (P.O. Box Number is Not Acceptable) 636 Tomoka Ave City Ormond Beach FL Zip Code 32174	
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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	PVST TRACY, DOUGLAS 412 D BANANA CAY DRIVE SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Tracy, Douglas 636 Tomoka Ave Ormond Beach FL 32174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u>Douglas R Tracy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3/26/08</u> Daytime Phone # <u>386 547-9544</u>	