

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000030492

Entity Name: LEVEL 209 DESIGN STUDIO, INC

FILED
May 05, 2008
Secretary of State

Current Principal Place of Business:

62 W COLONIAL DRIVE
LOFT 209
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

62 W COLONIAL DRIVE
LOFT 209
ORLANDO, FL 32801

New Mailing Address:

P.O. BOX 2691
ORLANDO, FL 32802 US

FEI Number: 20-4818119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSYPIEWSKI-CONZONE, BRYAN F
62 W COLONIAL DRIVE
LOFT 209
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P D () Delete
Name: OSYPIEWSKI-CONZONE, BRYAN F
Address: 62 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: OSYPIEWSKI-CONZONE, BRYAN F
Address: P.O. BOX 2691
City-St-Zip: ORLANDO, FL 32802

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: BRYAN F OSYPIEWSKI-CONZONE

P D

05/05/2008

Electronic Signature of Signing Officer or Director

_____ Date