## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P06000054408 05-01-2007 90030 027 \*\*\*150.00 JANET EUROPEAN DESIGN, INC. Principal Place of Business Mailing Address 87 RAEMOOR DR 87 RAEMOOR DR PALM COAST, FL 32164 PALM COAST, FL 32164 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (12/06) 04302007 Chg-P Applied For City & State City & State 4. FEI Number 20-4714812 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VALSON, JANET Street Address (P.O. Box Number is Not Acceptable) 87 RAEMOOR DR PALM COAST, FL 32164 City Zip Code FL 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 agen (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change ☐ Addition TITLE VALSON, JANET NAME NAME STREET ADDRESS 87 RAEMOOR DR STREET ADDRESS PALM COAST, FL 32164 CITY-ST-ZIP CITY - ST - ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIME ☐ Change [ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition THILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED May 01, 2007 8:00 am

Davime Phone #