


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90023 029 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P06000058162</b>                           |  |
| 1. Entity Name<br><b>PALM BEACH COUTURE DESIGNS, INC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>440 NW 113TH CIR<br/>OCALA, FL 34482 US</b> | Mailing Address<br><b>440 NW 113TH CIR<br/>OCALA, FL 34482 US</b> |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>12770 NW 35th St</b> | 3. Mailing Address<br><b>150 Royal Poinciana Plaza</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                    |

|                                  |                                       |
|----------------------------------|---------------------------------------|
| City & State<br><b>Ocala, FL</b> | City & State<br><b>Palm Beach, FL</b> |
| Zip<br><b>34482</b>              | Zip<br><b>33480</b>                   |
| Country<br><b>USA</b>            | Country<br><b>USA</b>                 |



04212008 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>57-1237236</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b>         |
| <b>ERNST, DONNA H<br/>440 NW 113TH CIR<br/>OCALA, FL 34482</b> |

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b>                            |
| Name  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>12770 NW 35th St</b> |
| City <b>Ocala</b> FL Zip Code <b>34482</b>                                    |

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 \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>ERNST, DONNA H<br/>440 NW 113TH CIR<br/>OCALA, FL 34482</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>12770 NW 35th St<br/>Ocala, FL 34482</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: 

4/21/08 561-833-3363