

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000063931 1. Entity Name THOMPSON-JONES DESIGNS, INC.						FILED 07 JAN 16 PM 5:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 4234 - 64TH DRIVE EAST SARASOTA, FL 34243 US				Mailing Address 4234 - 64TH DRIVE EAST SARASOTA, FL 34243 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
				01072007 Chg-P CR2E034 (12/06)		4. FEI Number 84-1709979	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON-JONES, VICTORIA S 4234 - 64TH DRIVE EAST SARASOTA, FL 34243				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 re-registering) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
700086455447 29/07--01050--013 **150.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON-JONES, VICTORIA S 4234 - 64TH DRIVE EAST SARASOTA, FL 34243			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, JAMES R 4234 - 64TH DRIVE EAST SARASOTA, FL 34243			<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete			
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>Victoria S Thompson-Jones</u> VICTORIA S THOMPSON-JONES 1/7/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

941-309-3926