


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90117 023 ***150.00

DOCUMENT # P06000100158	
1. Entity Name PULSE DESIGNS INC.	

Principal Place of Business 2780 E. FOWLER AVE #236 TAMPA, FL 33612	Mailing Address 2780 E. FOWLER AVE #236 TAMPA, FL 33612
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40102002



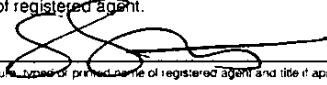
2. Principal Place of Business - No P.O. Box # 4207 W SAN RAFAEL	3. Mailing Address 4207 W SAN RAFAEL
Suite, Apt. #, etc. UNIT C	Suite, Apt. #, etc. UNIT C
City & State TAMPA FL	City & State TAMPA FL
Zip 33629	Country 33629

04302007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5348267	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROTHBURD, CRAIG 808 W. DELEON STREET TAMPA, FL 33606	7. Name and Address of New Registered Agent Name STEPHANIE STREETER Street Address (P.O. Box Number is Not Acceptable) 4207 W SAN RAFAEL #C City TAMPA FL Zip Code 33629
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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.

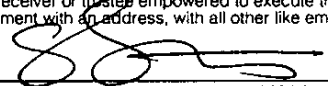
SIGNATURE  **Stephanie Streeter** DATE **4/30/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNARD, DULCE C 2780 E FOWLER AVE #236 TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STREETER, STEPHANIE L 2780 E FOWLER AVE #236 TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STREETER, STEPHANIE L 4207 W SAN RAFAEL #C TAMPA FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCOMAS, JENNIFER L 2780 E FOWLER AVE #236 TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTIAN, KERRY M 2780 E FOWLER AVE #236 TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:  **Stephanie Streeter** DATE **4/30/07** DAYTIME PHONE # **8132450139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR