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May 02, 2007 8:00 am
Secretary of State
05-02-2007 90072 013 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000125123

1. Entity Name
KRIS WINTERS DESIGNS, INC.

40099414

Principal Place of Business	Mailing Address
8188 LAKE SERENE DRIVE ORLANDO, FL 32836	8188 LAKE SERENE DRIVE ORLANDO, FL 32836

04192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-8180864 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINTERS, KRISTIANNA L 8188 LAKE SERENE DRIVE ORLANDO, FL 32836	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 ______

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title / Name / Street Address / City-St-Zip	☐ Delete	P/S/T Kristianna L. Winters 8188 Lake Serene Drive Orlando FL 32836	☐ Change ☑ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete		☐ Change ☐ Addition
Title / Name / Street Address / City-St-Zip	☐ Delete		☐ Change ☐ 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: Kristianna L. Winters 4.25.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #