


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90048 007 ***150.00

DOCUMENT # P06000129282 1. Entity Name DESIGNER WORKROOM OF FLA., INC.																													
Principal Place of Business 2307 63RD AVENUE EAST H BRADENTON, FL 34203			Mailing Address 2335 J 63RD AVENUE EAST J BRADENTON, FL 34203																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 710 60th St Ct E Suite, Apt. #, etc.																											
City & State Bradenton FL		City & State Bradenton FL																											
Zip 34208	Country USA	4. FEI Number 20-5697903		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent HECKMAN, DONALD H 2335 J 63RD AVENUE EAST J BRADENTON, FL 34203			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 710 60th St Ct E City Bradenton FL Zip Code 34208																										
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: <u><i>DA Heckman</i></u> DATE: <u>4/4/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P REGO, NANCY</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1729 SAN SILVESTRO DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE, FL 34292</td> <td></td> </tr> </table>			TITLE	P REGO, NANCY	<input type="checkbox"/> Delete	STREET ADDRESS	1729 SAN SILVESTRO DRIVE		CITY-ST-ZIP	VENICE, FL 34292		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">7404 Edmon Circle</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Sarasota, FL 34243</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	7404 Edmon Circle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	Sarasota, FL 34243		CITY-ST-ZIP								
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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><i>Nancy P. Rego</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4/8/08</u> Daytime Phone #: <u>941-745-1212</u>																									