


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000134704</b> 1. Entity Name <b>ARIA DESIGNS, INC.</b>	
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Principal Place of Business <b>14565 NW 26 AVE OPA LOCKA, FL 33054</b>	Mailing Address <b>14565 NW 26 AVE OPA LOCKA, FL 33054</b>
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**DO NOT WRITE IN THIS SPACE**



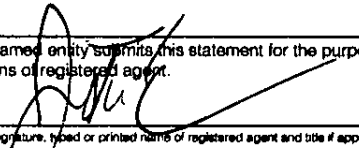
04242008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>35-2283358</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**TUTWILER, JAMES  
5009 TIMBERLAKE TERRACE  
CULVER CITY, CA, FL 90230**

**DO NOT WRITE  
IN THIS SPACE**

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: **4/24/08**

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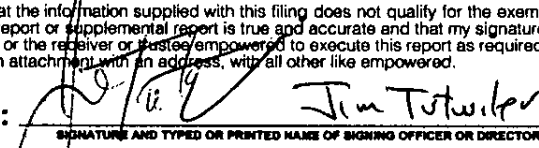
10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	<b>TUTWILER, JAMES</b>
NAME	
STREET ADDRESS	<b>5009 TIMBERLAKE TERRACE</b>
CITY-ST-ZIP	<b>CULVER CITY, CA 90230</b>
TITLE <b>VP</b>	<b>WINEGART, ELIZABETH A</b>
NAME	
STREET ADDRESS	<b>5009 TIMBERLAKE TERRACE</b>
CITY-ST-ZIP	<b>CULVER CITY, CA 90230</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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05/20/08-80021-020 150.00

**DO NOT WRITE  
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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:  **Jim Tutwiler**

DATE: **4/24/08** DAYTIME PHONE #: **310-309-1509**