
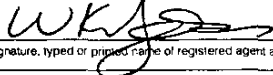
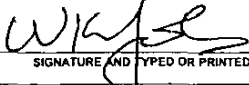


FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90037 034 ***550.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000154177			
1. Entity Name DESIGN VALIDATION TECHNOLOGIES, INC.			
Principal Place of Business 5028 SW 38 WAY HOLLYWOOD, FL 33312		Mailing Address 5028 SW 38 WAY HOLLYWOOD, FL 33312	
2. Principal Place of Business - No P.O. Box # 1788 NE 36th ST Suite, Apt. #, etc.		3. Mailing Address 1788 NE 36th ST Suite, Apt. #, etc.	
City & State OAKLAND PARK FL		City & State OAKLAND PARK FL	
4. FEI Number 20-8055102		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07092007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent JONES, WILLIAM K JR. 5028 SW 38 WAY HOLLYWOOD, FL 33312		7. Name and Address of New Registered Agent Name WILLIAM K JONES JR Street Address (P.O. Box Number is Not Acceptable) 1788 NE 36th ST City OAKLAND PARK FL Zip Code 33334	
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 		DATE 7/15/17	
SIGNATURE typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CARROLL, EMORY D STREET ADDRESS 919 NW 10 AVENUE CITY-ST-ZIP BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE P NAME CARROLL, EMORY D STREET ADDRESS 8644 San Andros CITY-ST-ZIP WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME JONES, WILLIAM K JR. STREET ADDRESS 5028 SW 38 WAY CITY-ST-ZIP HOLLYWOOD, FL 33312	<input type="checkbox"/> Delete	TITLE VP NAME JONES, WILLIAM K JR STREET ADDRESS 1788 NE 36th ST CITY-ST-ZIP OAKLAND PARK FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		WILLIAM K JR JONES JR 7/15/17 954 563 5918	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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