

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000154541

**Entity Name:** ETCHINGS BY DESIGN, INC.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

700 ATLANTIS RD., #207  
MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

700 ATLANTIS RD., #207  
MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 20-8057718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DILAVORE, PETER V  
455 PAUMA VALLEY WAY  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P, T  
**Name:** DILAVORE, PETER V  
**Address:** 455 PAUMA VALLEY WAY  
**City-St-Zip:** MELBOURNE, FL 32940

**Title:** VP,S  
**Name:** DILAVORE, CYNTHIA L  
**Address:** 455 PAUMA VALLEY WAY  
**City-St-Zip:** MELBOURNE, FL 32940

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** PETER DILAVORE

P

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date