

# **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000064602

Entity Name: N.D. DESIGNS TLH., INC.

**FILED**  
**Jul 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1615 VILLAGE SQUARE BLVD SUITE 1  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

1615 VILLAGE SQUARE BLVD SUITE 1  
TALLAHASSEE, FL 32309

**New Mailing Address:**

FEI Number: 27-0461798

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONWAY, ELIZABETH A  
1615 VILLAGE SQUARE BLVD SUITE 1  
TALLAHASSEE, FL 32309 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: PST  
Name: CONWAY, ELIZABETH A  
Address: 3725 THIRLESTANE COURT  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP  
Name: FERRIS, KAITLIN J  
Address: 3450 WOODHILL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

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: ELIZABETH CONWAY

PRES

07/10/2012

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

\_\_\_\_\_  
Date