


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90265 043 ***150.00

DOCUMENT # P07000128783 1. Entity Name A MARC IN DESIGNS, INC.																											
Principal Place of Business 2436 AQUA VISTA BLVD FORT LAUDERDALE, FL 33301			Mailing Address 2436 AQUA VISTA BLVD. FORT LAUDERDALE, FL 33301																								
2. Principal Place of Business - No P.O. Box # 2655 W. Davie Blvd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State Ft Lauderdale Zip 33312		City & State FL Zip Country		4. FEI Number 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 SHOEMAKER, WILLIAM E 4850 NE 13TH AVENUE OAKLAND PARK, FL 33334			7. Name and Address of New Registered Agent Name Scott D. Campbell Street Address (P.O. Box Number is Not Acceptable) 2436 Aqua Vista Blvd City Ft Laud FL Zip 33301																								
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 Scott D. Campbell DATE 6/1/08 <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: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>Pres. Scott D. Campbell</td> <td>2436 Aqua Vista Blvd</td> <td>Ft Laud FL 33301</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		Pres. Scott D. Campbell	2436 Aqua Vista Blvd	Ft Laud FL 33301	<input type="checkbox"/>	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: 60%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition					<input type="checkbox"/>	<input type="checkbox"/>
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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: Scott D. Campbell DATE 5/1/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											