

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000039538

FILED
Apr 30, 2009
Secretary of State

Entity Name: DESIGNS BY MARLAINE INC.

Current Principal Place of Business:

1986 LYNTON CIRCLE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1986 LYNTON CIRCLE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEAN BAPTISTE, MARLAINE
1986 LYNTON CIRCLE
WELLINGTON, FL 33414 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: JEAN BAPTISTE, MARLAINE
Address: 1986 LYNTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: DVP () Delete
Name: JEAN BAPTISTE, MATHIEU
Address: 1986 LYNTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D/S () Delete
Name: JEAN BAPTISTE, NARMALY
Address: 1986 LYNTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: JEAN BAPTISTE, HILDA
Address: 1986 LYNTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: T () Delete
Name: JEAN BAPTISTE, NOADIA R
Address: 1986 LYNTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JEAN BAPTISTE, HULDA
Address: 1986 LYNTON CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C () Change (X) Addition
Name: JEAN, MYRLANDE
Address: 1500 CONGRESS AVE APT B-11
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARLAINE JEAN BAPTISTE

D/P

04/30/2009

Electronic Signature of Signing Officer or Director

Date