

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000051479

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: DAVID'S HOUSE OF FASHIONSS INC.

## Current Principal Place of Business:

206 GATESIDE STREET  
LEHIGH ACRES, FL 33936

## New Principal Place of Business:

206 GATESIDE STREET  
LEHIGH ACRES, FL 33936 US

## Current Mailing Address:

206 GATESIDE STREET  
LEHIGH ACRES, FL 33936

## New Mailing Address:

206 GATESIDE STREET  
LEHIGH ACRES, FL 33936 US

FEI Number: 30-0632039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, ROLAND  
206 GATESIDE STREET  
LEHIGH ACRES, FL 33936 US

## Name and Address of New Registered Agent:

JOHNSON-MOSS, DESMEN  
206 GATESIDE STREET  
LEHIGH ACRES, FL 33936 US

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: DESMEN JOHNSON-MOSS

04/30/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CEO  
Name: JOHNSON-MOSS, DESMEN  
Address: 206 GATESIDE STREET  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: PDTS  
Name: JOHNSON-MOSS, DESMEN  
Address: 206 GATESIDE STREET  
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: MGR  
Name: GREY, TANISHA N  
Address: 3218 65TH STREET W.  
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: ASMG  
Name: LEDUC, SAVANNAH R  
Address: 3218 65TH STREET W.  
City-St-Zip: LEHIGH ACRES, FL 33971 US

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: DESMEN JOHNSON-MOSS

CEO

04/30/2012

Electronic Signature of Signing Officer or Director

Date