2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000004382

1. Entity Name
DE-DESIGN GRAPHICS CORP.

Principal Place of Business	Mailing Address
1108 SE 10TH CT DEERFIELD BEACH, FL 33441	1108 SE 10TH CT DEERFIELD BEACH, FL 33441

01062004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0398016	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. *Name and Address of Current Registered Agent*

RAYMOND, DEIRDRE
1108 SE 10TH COURT
DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

U000000017031
01/28/04-80077-020 150.00

TITLE	P
NAME	RAYMOND, DEIRDRE
STREET ADDRESS	1108 SE 10TH COURT
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	
NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Deirdre A. Raymond*   Deirdre A. RAYMOND   1/23/04   954-428-1108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #