

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000062404

FILED
Apr 09, 2008
Secretary of State

Entity Name: DESIGN ISLAND ASSOCIATES, INC.

Current Principal Place of Business:

9460 DELEGATES DR.
SUITE 117
ORLANDO, FL 32837 US

Current Mailing Address:

9460 DELEGATES DR.
SUITE 117
ORLANDO, FL 32837 US

FEI Number: 59-3268535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, W. EDWARD ESQUIRE
284 PARK AVENUE NORTH
SUITE B
WINTER PARK, FL 32789 US

New Principal Place of Business:

9460 DELEGATES DR.
SUITE 107
ORLANDO, FL 32837 US

New Mailing Address:

9460 DELEGATES DR.
SUITE 107
ORLANDO, FL 32837 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: DP () Delete
Name: WEIS, BOB
Address: 9460 DELEGATES DR STE 117
City-St-Zip: ORLANDO, FL 32837

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: STEINOUE, TIMOTHY J
Address: 9460 DELEGATES DR STE 107
City-St-Zip: ORLANDO, FL 32837

Title: D () Change (X) Addition
Name: WEIS, ROBERT
Address: 9460 DELEGATES DR STE 107
City-St-Zip: ORLANDO, FL 32837

Title: D () Change (X) Addition
Name: WEIS, GABRIEL
Address: 9460 DELEGATES DR STE 107
City-St-Zip: ORLANDO, FL 32837

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: TIMOTHY STEINOUE

DPST

04/09/2008

Electronic Signature of Signing Officer or Director

Date