
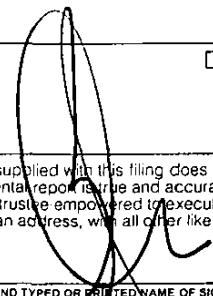


**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90159 027 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P95000046846</b>			
1. Entity Name <b>DESJARDINS DESIGN GROUP, INC.</b>			
Principal Place of Business <b>1111 KANE CONCOURSE STE. 400 BAY HARBOR ISLANDS, FL 33154</b>		Mailing Address <b>C/O 2699 STIRLING ROAD SUITE C-307 FT. LAUDERDALE, FL 33312</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04162008 Chg-P CR2E034 (12/06)	
4. FEI Number <b>65-0600403</b>		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 <b>BLEIER, HENRY CPA 2699 STIRLING ROAD SUITE C-307 FORT LAUDERDALE, FL 33312</b>		7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>1776 N. PINE ISLAND ROAD</b> Suite <b>118</b> City <b>PLANTATION</b> FL Zip Code <b>33332</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11'	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESJARDINS, BERNARD E 1111 KANE CONCOURSE STE 400 BAY HARBOR ISLANDS, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ 		04.20.2008 Date _____ Daytime Phone # _____	