

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90348 040 \*\*\*150.00

**60029085**



<b>DOCUMENT # P95000067893</b> 1. Entity Name <b>SPRING STREET DESIGNS, INC.</b>					
Principal Place of Business <b>9947 CHERRY HILLS AVE CIR. BRADENTON, FL 34202</b>			Mailing Address <b>9947 CHERRY HILLS AVE CIR. BRADENTON, FL 34202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0607107</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FINKE, ROBERTA 9947 CHERRY HILLS AVE CL. BRADENTON, FL 34202</b>				Name <b>Finke, Michael</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>9947 Cherry Hills Avenue Circle</b>	
				City <b>Bradenton</b>	
				FL Zip Code <b>34202</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.</small>			<b>Michael Finke, Pres.</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/21/2006 <small>DATE</small>
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINKE, ROBERTA		NAME	Finke, Michael	
STREET ADDRESS	9947 CHERRY HILLS AVENUE CIR		STREET ADDRESS	9947 Cherry Hills Avenue Circle	
CITY-ST-ZIP	BRADENTON, FL 34202		CITY-ST-ZIP	Bradenton, FL. 34202-4002	
TITLE	President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Finke, Michael		NAME		
STREET ADDRESS	9947 Cherry Hills Avenue Circle		STREET ADDRESS		
CITY-ST-ZIP	Bradenton, FL. 34202-4002		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Michael Finke, Pres. 4-21-2006</b> <small>Date</small>		941-359-9424 <small>Daytime Phone #</small>