

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000076415

1. Entity Name
DANIELLE DEPERRO DESIGN, INC.



**FILED
May 19, 2008 8:00 am
Secretary of State**

05-19-2008 90035 042 ***150.00

4U100



05082008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0611795	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

WILLITS, RYAN E
C/O LAW OFFICES OF ROBERT A. EISEN
433 PLAZA REAL, SUITE 275
BOCA RATON, FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME DEPERRO, DANIELLE
STREET ADDRESS 113 TURNBERRY DR.
CITY-ST-ZIP ATLANTIS, FL 33462

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T
NAME DEPERRO, MARLENE
STREET ADDRESS 6150 NW 76TH CT.
CITY-ST-ZIP PARKLAND, FL 33067

Delete

Change Addition

TITLE V
NAME JENNINGS, STEVEN S
STREET ADDRESS 113 TURNBERRY DR.
CITY-ST-ZIP ATLANTIS, FL 33462

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/19/08 561841-0448