2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: ${\cal D}$

Aug 23, 2004 8:00 am Secretary of State DOCUMENT # P96000003065 1. Entity Name 08-23-2004 90014 008 ***150 00 ELISE DESIGNS, INC. Principal Place of Business Mailing Address 10300-W-BAY HARBOR DR 10300 W BAY HARBOR DR -54069371 BAY HARBOR ISLANDS FL 33154 BAY-HARBOR ISLANDS FL 39154 2. Principal Place of Business Suite. Apt. #, etc. CR2E034 (4/04) 4. FEI Number Applied For 65-0641095 WOOD Not Applicable Brou \$8.75 Additional 5." Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINDLEY: KRISTIN E Street Address (P.O. Box Number is Not Acceptable) 10300 W BAY HARBOR DR **BAY HARBOR ISLANDS FL 33154** 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. (MTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 10. LINDLEY KRETIN ELISE 1449 DEWEY ST. D TITLE ☐ Delete LINDLEY, KRISTIN E NAME NAME STREET ADDRESS 10300 WEST BAY HARBOR DR. 3-D STREET ADDRESS BAY HARBOR ISLANDS FL 33154 CITY-ST-ZIP HOLLYWOOD. CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET_ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 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.

KRISTINEUSE LINDLEY

FILED