


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90431 010 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P96000038282</b><br>1. Entity Name<br>DESIGN ESSENTIALS, INC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>5910 BLUE BEECH COURT<br>TAMARAC, FL 33319 | Mailing Address<br>5910 BLUE BEECH COURT<br>TAMARAC, FL 33319 |
|---|---|

94064444



02052004 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0679161 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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|---|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
|---|

**DO NOT WRITE IN THIS SPACE**

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>BRAGG, IRENE<br>5910 BLUE BEECH COURT<br>TAMARAC, FL 33319 |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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 _____<br><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</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

|  |   |
|--|---|
| 10. OFFICERS AND DIRECTORS                       |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>BRAGG, IRENE<br>5910 BLUE BEECH COURT<br>TAMARAC, FL 33319 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | T<br>BRAGG, ARTHUR M<br>5910 BLU BREECH CT<br>TAMARAC, FL 33319 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

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.

|   |                     |
|---|---------------------|
| <b>SIGNATURE:</b>  | Date <b>4-22-04</b> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                    |                     |
| Daytime Phone #   |                     |

954 486 8608