2008 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P96000038282 DESIGN ESSENTIALS, INC

FILED Feb 06, 2008 08:00 Al Secretary of State

ncipal Place of Business O1 AVOCADO DR MARAC, FL 33319 Mailing Address 5301 AVOCADO DR TAMARAC, FL 33319				1 1811 1811 21 11 2811 8911 1			
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			01042008	No Chg-P	CR2E034 (11/05)		
					Applied For Not Applicable		
			5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
6. Name and Address of Current Re	pistered Agent		·· · · · ·	the state of the state of	المراكبة على الوائد المراكبة إلى المراكبة إلى المراكبة المراكبة المراكبة المراكبة المراكبة المراكبة المراكبة ا		
BRAGG, IRENE 5910 BLUE BEECH COURT TAMARAC, FL 33319			DO NOT WRITE IN THIS SPACE				
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FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution				817283 80086-018 150.00			
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	ADO DR L 33319 6. Name and Address of Current Recept to the statement for the state	5301 AVOCADO DR L 33319 TAMARAC, FL 33319 ONOT WRITE IN THIS SPAN 6. Name and Address of Current Registered Agent RENE E BEECH COURT C, FL 33319 In named entity submits this statement for the purpose of changing its registered intons of registered agent Signature, typed or prirred name of registared agent and tills I applicable. (NOTE: Registere BE NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS D BRAGG, IRENE 5301 AVOCADO DR	Sonaure, typed or prirred name of registered agent Sonaure, typed or prirred name of registered agent and talls a applicable. Sonaure, typed or prirred name of registered agent and talls a applicable. Sonaure, typed or prirred name of registered agent and talls a applicable. Sonaure, typed or prirred name of registered agent and talls a applicable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable. Sonaure, typed or prirred name of registered agent and talls a policable.	ADO DR L 33319 5301 AVOCADO DR TAMARAC, FL 33319 01042008 4. FEI Numb 65-067 5. Certricate 6. Name and Address of Current Registered Agent RENE E BEECH COURT C, FL 33319 IN Soptium, typed or priced name of registered agent and bills applicable. (NOTE: Registered Agent social area when remarking) E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS D BRAGG, IRENE 5301 AVOCADO DR TAMARAC, FL 33319	Spearur, typed or printed name of regulation agent and bill # applicable. DO NOT WRITE IN THIS SPACE 101042008 No Chg-P 1. FEI Number 65-0679161 1. Certificate of Status Desired 1. Certificate 1. Certificate of Status Desired 1. Certificate 1. Certificate of Status Desired		

of the corporation or th	ie receiver or trjustee empowered to ex	ecute this report as	required by Chapter 607, Florida S:	tatutes; and that my name	appears in Block 10 or Block 11	l if
changed, or on an atta	ichment with an address, with all other	like epipowered.		•	••	
SIGNATURE: _	x Deop	121	4000	2-	3-08	
_	SIGNATURE AND TYPED ON PRINTED NAME	OF SIGHING OFFICER OR	RECTOR	Date	Daytime Phone #	_