2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000100465

1. Entity Name

DESIGN CENTRAL OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

3641 10TH STREET NORTH

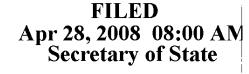
SUITE B NAPLES, FL 34103 Mailing Address

3641 10TH STREET NORTH

SUITE B

DO NOT WRITE IN THIS SPACE

NAPLES, FL 34103





04162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0689296 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUTMANN, ELIZABETH J 3641 10TH STREET NORTH SUITE B NAPLES, FL 34103

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 Signature. Noted or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE					
FILE MOTHIL FEE 13 3 130.00			Election Campaign Financing		U00000325424 U5/20/08-80026-001 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D HAUTMANN, ELIZABETH J 1227 12TH AVE N NAPLES, FL 34102				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVETTO, LISA 100 N STREET NAPLES, FL 34108				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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.					

SARA C STEPPLING

AME OF SIGNING OFFICER OR DIRECTOR