## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P97000016044**

1. Entity Name

NANCY ALBERT DESIGNS, INC.



**FILED** Jan 11, 2008 08:00 A Secretary of State

Principal Place of Business

900 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 US Mailing Address

900 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441

| 6. Name and Address of Current Registered Agent SERRA, ALBERT J 900 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 |  |      |                     | 01082008 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required  DO NOT WRITE IN THIS SPACE |                         |                      |                         |  |
|--|--|------|---------------------|---|-------------------------|----------------------|-------------------------|--|
|  | named entity submits this statement for the pions of registered agent.  ALLOCATION Signature, typed or priviled name of registered agent and title it. | Q    | od office or regist | Seun  | th, in the State of Flo | rida. I am fam       | ailiar with, and accept |  |
| FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.                       |  |      |                     | 5.00 May Be<br>Ided to Fees   |                         |                      |                         |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | P SERRA, ALBERT J 900 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441   | TORS |                     |   | 00000<br>01/11/08       | 0779182<br>1-80028-1 | <sub>306</sub> 150.00   |  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |  |      |                     |   | NOT W                   |                      |                         |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME   | -  |      |                     | IN i  | THIS SP                 | ACE                  |                         |  |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |      |                     |   |                         | •                    |                         |  |

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, withall other like empowered.

SIGNATURE:

TED NAME OF BIGHING OFFICER OR DIRECTOR