

**FOR PROFIT CORPORATION
ANNUAL REPORT**

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11 MAY 23 PM 12:26

CLERK OF THE CLERK OF THE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022754	
1. Entity Name Designer Two Connection Inc.	

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2. Principal Place of Business - No P.O. Box # 1050 Longboat Club Rd		3. Mailing Address 1740 Hillside Dr	
Suite, Apt. #, etc. 802		Suite, Apt. #, etc. 103	
City & State Longboat Key		City & State ELLSBORO BAY	
Zip 34228	Country USA	Zip 34210	Country

CR2E034B (1/11)

4. FEI Number 59-3433960	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name BEATRICE ERICKSON	
Street Address (P.O. Box Number is Not Acceptable) 1050 Longboat Club Rd #802	
City LONGBOAT KEY FL	Zip Code 34228

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)	DATE
January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended AR is \$61.25 (Make Check Payable to Florida Department of State)	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees E-mail Address: bderic@gmail.com E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE VICE PRES. TREAS	
NAME BETH AFFLEBACH	
STREET ADDRESS 3105 WOODLAND FERN DR	
CITY-ST-ZIP PARRISH, FL 34219	
TITLE PRES.	
NAME BEATRICE ERICKSON	
STREET ADDRESS 1050 LONGBOAT CLUB RD #802	
CITY-ST-ZIP LONGBOAT KEY, FL 34228	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 155 F.S.	
SIGNATURE: Beatrice Erickson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 5-13-11 Daytime Phone # 920-421-0624