


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90019 012 ***150.00

DOCUMENT # P97000046214		
1. Entity Name LORRAINE'S DESIGN STUDIO, INC.		

Principal Place of Business 9430 US HWY 1 SEBASTIAN, FL 32958	Mailing Address 7345 35TH CT. VERO BEACH, FL 32967
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40031139



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9430 US HWY 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SEBASTIAN FL	
Zip	Country	Zip	Country
32958		32958	U.S.

01112007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0759008	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WALLACE, LORRAINE 7345 - 35TH CT VERO BEACH, FL 32967		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALLACE, LORRAINE 2390 6TH STREET VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALLACE, DAWN 2390 6TH STREET VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine Wallace LORRAINE WALLACE 2-27-07 772-581-8677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #