


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000057671 1. Entity Name NILSY DESIGNS, INC.	
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Principal Place of Business 9910 SANDALFOOT BLVD., UNIT 3 BOCA RATON, FL 33428	Mailing Address 9910 SANDALFOOT BLVD., UNIT 3 BOCA RATON, FL 33428
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0764883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES RD., STE. 305A BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRADE, NILSEIA 10199 N. SERENE MEADOWS DR. BOCA RATON, FL 334285201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREIRA, PATRICIA 10199 N. SERENE MEADOWS DR. BOCA RATON, FL 334285201
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
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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 an other like empowered.

SIGNATURE 	Date Jan-04-07	Daytime Phone # 561-482-0916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NILSEIA ANDRADE PRESIDENT/DIRECTOR		