

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P97000094778

1. Entity Name

AUTHENTIC DESIGNS, INC.



**FILED
Feb 12, 2008 8:00 am
Secretary of State**

02-12-2008 90020 029 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business		Mailing Address	
4507 FURLING LANE SUITE 114 DESTIN FL 32541 US		4507 FURLING LANE SUITE 114 DESTIN FL 32541 US	
2. Principal Place of Business - No P.O. Box # 36246 EMERALD COAST PKWY		3. Mailing Address 36246 EMERALD COAST PKWY	
Suite, Apt. #, etc. NA		Suite, Apt. #, etc. NA	
City & State DESTIN, FL		City & State DESTIN, FL	
Zip 32541	Country OKLAHOMA	Zip 32541	Country OKLAHOMA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHOEPPLER, STEPHAN 957 EMERALD BAY DRIVE DESTIN FL 32541		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL	

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 reinstating)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	<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	<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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24.08

Date

Daytime Phone #