

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000004822

Entity Name: MEDITERRANEAN DESIGNS, INC.

FILED  
Jan 23, 2009  
Secretary of State

## Current Principal Place of Business:

678 SHETTER AVE.  
JACKSONVILLE BCH, FL 32250

## New Principal Place of Business:

678 SHETTER AVENUE  
JACKSONVILLE BEACH, FL 32250

## Current Mailing Address:

678 SHETTER AVE.  
JACKSONVILLE BCH, FL 32250

## New Mailing Address:

678 SHETTER AVENUE  
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3529870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAVA, DONNA  
678 SHELTER AVE  
JACKSONVILLE BCH, FL 32250 US

## Name and Address of New Registered Agent:

FAVA, DONNA  
678 SHETTER AVENUE  
JACKSONVILLE BEACH, FL 32250 US

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.

SIGNATURE:

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVPT ( ) Delete  
Name: FAVA, DONNA  
Address: 229 PABLO ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P ( ) Delete  
Name: FAVA, GIORGIO F  
Address: 229 PABLO RD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: FAVA, DONNA  
Address: 229 PABLO ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA FAVA

VP

01/23/2009

Electronic Signature of Signing Officer or Director

Date