


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000006238
 1. Entity Name
PRINCESS DESIGNS INC.



Principal Place of Business
**3683 CROSSBOW DRIVE
 COCOA, FL 32926**

Mailing Address
**3683 CROSSBOW DRIVE
 COCOA, FL 32926**

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3492768

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KENT, SANDRA DIANE
 3683 CROSSBOW DRIVE
 COCOA, FL 32926**

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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 _____ DATE _____
(Print or type name of individual or corporation, if applicable) (Print registered agent's name, if required with the filing)

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KENT, SANDRA DIANE
STREET ADDRESS	3683 CROSSBOW DRIVE
CITY ST ZIP	COCOA, FL 32926
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 another, if empowered.

SIGNATURE: *Sandra Diane Kent*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDRA DIANE KENT, DIRECTOR

6/30/05 (321) 631-3092