


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000048300 1. Entity Name ND DESIGNS, INC.	
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Principal Place of Business 1615 VILLAGE SQUARE BLVD STE 1 TALLAHASSEE, FL 32309	Mailing Address 1615 VILLAGE SQUARE BLVD STE 1 TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

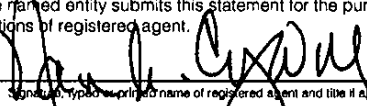
4. FEI Number 59-3515493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONWAY, NAN A
3725 THIRLESTANE COURT
TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

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: 1/3/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$560.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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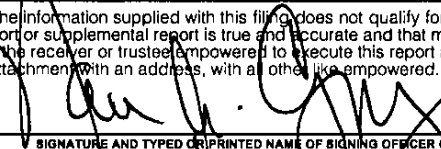
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONWAY, NAN A 3725 THIRLESTANE COURT TALLAHASSEE, FL 32309 <i>President</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/05/07-80010-019 150.00

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IN THIS SPACE**

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:  (NOTE: Signature and typed or printed name of signing officer or director)

DATE: 1/3/07 DAYTIME PHONE: 850-383-8165