


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90072 021 \*\*\*150.00

<b>DOCUMENT # P98000087179</b>	
1. Entity Name <b>KENDALL MARCELLE DESIGNS, INC.</b>	

Principal Place of Business <b>18759 BISCAYNE BLVD AVENTURA, FL 33180</b>	Mailing Address <b>P.O. BOX 4167 AVENTURA, FL 33008</b>
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2. Principal Place of Business <b>1222 S. Andrews</b> Suite, Apt. #, etc. <b>Ste. 501</b> City & State <b>Ft. Lauderdale FL</b> Zip <b>33316</b> Country <b>U.S.</b>	3. Mailing Address <b>1222 S. Andrews</b> Suite, Apt. #, etc. <b>Ste. 501</b> City & State <b>Ft. Lauderdale FL</b> Zip <b>33316</b> Country <b>U.S.</b>
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03302006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0867107</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MARCELLE, KENDALL 18759 BISCAYNE BLVD AVENTURA, FL 33180</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1222 S. Andrews Ste. 501</b> City <b>Ft. Lauderdale FL</b> Zip Code <b>33316</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARCELLE, KENDALL 18759 BISCAYNE BLVD AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1222 S. Andrews Ste. 501 Ft. Lauderdale, FL 33316</b> <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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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

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.

<b>SIGNATURE:</b> 	<b>Kendall Marcelle</b> <b>3/30/06</b> <b>(954) 522-4801</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>