2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2008 08:00 All Secretary of State DOCUMENT # P99000037290 JOAN MERYL TAYLOR DESIGNS, INC. Principal Place of Business Mailing Address **401 GOLDEN ISLES DRIVE** P.O BOX 85013 #708 HALLANDALE, FL 33008 HALLANDALE, FL 33009 03292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0917763 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, JOAN M DO NOT WRITE **401 GOLDEN ISLES DRIVE** #708 IN THIS SPACE HALLANDALE, FL 33009 B. The above named entit submits to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution U000000894140 After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TAYLOR, JOAN M 401 GOLDEN ISLES DRIVE STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP DILE

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND DF SIGNING OFFICER OR DIRECTOR

FILED