


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000046450</b>	
1. Entity Name JULIANN DESIGNS, INC.	

Principal Place of Business 5025 3RD MANOR VERO BEACH, FL 32968	Mailing Address 5025 3RD MANOR VERO BEACH, FL 32968
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**DO NOT WRITE IN THIS SPACE**



03252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0939336	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  BLAIR, JULIE LYNN 5025 3RD MANOR VERO BEACH, FL 32968
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**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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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	P BLAIR, JULIE 5025 3RD MANOR VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAIR, JOHN 5025 3RD MANOR VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORDON, ANN L 5025 3RD MANOR VERO BEACH, FL 32968
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04/17/07-80082-010 150.00

**DO NOT WRITE 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: 	4-3-07 772-978-9008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

Ann Lynn Gordon