2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2008 08:00 Al Secretary of State

ANNUAL REPORT				_	Apr 05, 2008 08: Secretary of St		
DOCU	MENT # P990000493				Secretary of S		
1. Entity Name OTW DESIGNS, INC.) .			
Principal Plac	e of Business	Mailing Address		-			
820 LAKE KA		820 LAKE KATHRYN CR Casselberry, Fl 32707					
CASSELDER	RY, FL 32707	CHOSELDERKI, FL 32/U/			S IRIIS (2)# SCIH SCIH RCIII	84(I) 8(2(6 (B)86 (M)) 2*2((*28(62*))) 166(
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				4. FEI Numb		Applied For Not Applicable	
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	6. Name and Address of Current R	egistered Agent		1 10 15 15 15 15 15 15 15 15 15 15 15 15 15	er i jaran j	Carry of the Control of the Control	
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					the production of the second		
	named entity submits this statement for t tions of registered agent.	he purpose of changing its register	ed office or registe	ared agent, or bo	th, in the State of Flor	ida. I am familiar with, and accept	
SIGNATURE.	* 11	t s		,			
	Signature, typed or printed name of registered agent an	tittle if applicable. (NOTE: Register	ed Agant signature require	ed when reinstating)	Τ	DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fin After May 1, 2008 Fee will be \$550.00 Trust Fund Contributio				5.00 May Be ded to Fees	U0000 04/14/08	0878665 -80063-015 150.00	
10.	OFFICERS AND D	RECTORS					
TITLE NAME	PD DIMMACK, ROBERT						
STREET ADDRESS	820 LAKE KATHYRN CR CASSELBERRY, FL 32707		3 m	ti (a) e	1 1 1 1 1 1	ုိင်း ကြောက်ရုံးကို သို့ သုံးသို့ ကို	
TITLE	CASSELBERRY, FL 32/07	· · · · · · · · · · · · · · · · · · ·	-		ு இதிரி இந்திரும் நிரும் நாரி	galanda a pinggalanda a pagalanda a pagala	
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12. 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 3-31-08</u>