2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P99000058700

Entity Name: N.I. DESIGNS, INC.

Current Principal Place of Business:

501 NORTH HWY A1A
JUPITER, FL 33477

New Principal Place of Business:

161 MAIN STREET
PALM BEACH, FL 33480

Current Mailing Address:

501 NORTH HWY A1A
JUPITER, FL 33477

New Mailing Address:

161 MAIN STREET
PALM BEACH, FL 334480

FEI Number: 65-0927279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, JACK
501 NORTH A1A
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

NORMAN, LAURA
161 MAIN STREET
PALM BEACH, FL 334480 US

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.

SIGNATURE: LAURA NORMAN 04/26/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: NORMAN, LAURA
Address: 501 NORTH A1A
City-St-Zip: JUPITER, FL 33477

Title: EVPT (X) Delete
Name: SCHNEIDER, JACK
Address: 501 N HWY A1A
City-St-Zip: JUPITER, FL 33477

Title: CONT (X) Delete
Name: DAVIS, WYNN
Address: 501 NORTH A1A
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: NORMAN, LAURA
Address: 161 MAIN STREET
City-St-Zip: PALM BEACH, FL 334480

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA NORMAN DPS 04/26/2007
Electronic Signature of Signing Officer or Director Date