

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000059893

1. Entity Name
DESIGNS BY ANTHONY, INC.



Principal Place of Business
821 WEST GLADES RD
BOCA RATON, FL 33434

Mailing Address

821 WEST GLADES RD
BOCA RATON, FL 33434

2. Principal Place of Business

821 WEST GLADES RD

Suite, Apt. #, etc.

3. Mailing Address

821 WEST GLADES RD

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33434

Country

USA

Zip

33434

Country

USA

6. Name and Address of Current Registered Agent

BAHI, ANTOINE J
8221 WEST GLADES RD
BOCA RATON, FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: BAHI, ANTOINE
STREET ADDRESS: 8221 GLADE RD
CITY-ST-ZIP: BOCA RATON, FL 33434

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-06 561 488 1121

Date

Daytime Phone #

**FILED
Feb 17, 2006 8:00 am
Secretary of State**

02-17-2006 90084 024 ***150.00

