

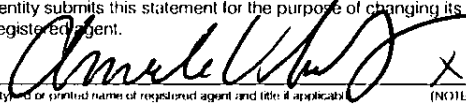



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90030 025 \*\*\*150.00

<b>DOCUMENT # P99000061596</b> 1. Entity Name <b>DESANCTIS DESIGN GROUP INC.</b>					
Principal Place of Business <b>1325 OAKES BLVD NAPLES, FL 34119</b>			Mailing Address <b>1325 OAKES BLVD NAPLES, FL 34119</b>		
2. Principal Place of Business - No P.O. Box # <b>8170 Mainline Pkwy</b>		3. Mailing Address <b>8170 Mainline Pkwy.</b>		  01262007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. <b>Suite #1</b>		Suite, Apt. #, etc. <b>Suite #1</b>			
City & State <b>Fort Myers, FL.</b>		City & State <b>Fort Myers FL.</b>			
Zip <b>33912</b>		Zip <b>33912</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>65-1051803</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>DESANCTIS, DONNA 1371 OAKES BLVD. NAPLES, FL 34119</b>			7. Name and Address of New Registered Agent Name <b>DeSanctis Donna</b> Street Address (P.O. Box Number is Not Acceptable) <b>1325 Oakes Blvd.</b> City <b>Naples,</b> <b>FL</b> Zip Code <b>34119</b>		
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  X <b>Feb-12-07</b> X <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESANCTIS, DONNA 1325 OAKES BLVD NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESANCTIS, AMEDEO <del>1325 OAKES BLVD</del> NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.					
SIGNATURE:  <b>AMEDEO DESANTIS</b> <b>Feb-14-07</b> X (239) 437-4242 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					