## 2008 FOR PROFIT CORPORATION

## **FILED** Apr 23, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P99000069684** PATRICK KNOWLES DESIGNS, INC. Principal Place of Business Mailing Address 2030 NE 18TH STREET 2030 NE 18TH STREET FORT LAUDERDALE, FL 33305 FORT LAUDERDALE, FL 33305 02112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0940350 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DALE, CHARLES S DO NOT WRITE 414 NE FOURTH STREET FORT LAUDERDALE, FL 33301 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. Lam 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) OATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. U000000915572 Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME KNOWLES, PATRICK STREET ADDRESS **2424 NE 22 TERRACE** CITY-ST-ZIP FORT LAUDERDALE, FL 33305 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information entail 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 rouse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. 12. I hereby certify that the information indicated on this report or supplemental to the control of the contro of the corporation or the receiver changed, or on an attachment

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS