


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90003 020 ***150.00

DOCUMENT # P99000095027

1. Entity Name
MARQUIS DESIGNS, INC.



Principal Place of Business Mailing Address

**1025 N. FLORIDA MANGO ROAD
 SUITE 6
 WEST PALM BEACH FL 33409** **1025 N. FLORIDA MANGO ROAD
 SUITE 6
 WEST PALM BEACH FL 33409**



2. Principal Place of Business 3. Mailing Address

5670 CORPORATE WAY **5670 CORPORATE WAY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

L **L**

2nd MOORE CR2E034 (5/05)

City & State City & State

WEST PALM BEACH, FL **WEST PALM BEACH, FL**

Zip Country Zip Country

33407 **USA** **33407** **USA**

4. FEI Number Applied For

65-0975057 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VITCOV, LORRI
 1025 N. FLORIDA MANGO ROAD
 SUITE 6
 WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

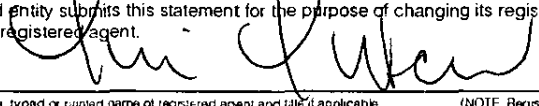
Name
VITCOV, LORRI

Street Address (P.O. Box Number is Not Acceptable)
5670 CORPORATE WAY

City State Zip Code

WEST PALM BEACH FL 33407

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:  DATE: **9/30/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VITCOV, LORRI 1025 N. FLORIDA MANGO ROAD SUITE 6 WEST PALM BEACH FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FOXX, LAURIE 303 MOCCASIN TR W JUPITER FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5670 CORPORATE WAY WEST PALM BEACH, FL 33407
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:  DATE: **9/30/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #