## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # \$36384

1. Entity Name

NANCY B. DESIGNS, INC.

Principal Place of Business

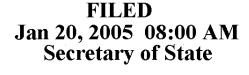
2475 SOUTH BAYSHORE DRIVE

MIAMI, FL 33133

Mailing Address

2475 SOUTH BAYSHORE DRIVE

MIAMI, FL 33133





| DO NOT WRITE IN THIS SP | DO | NOT | WRITE | IN THIS | SPACE |
|-------------------------|----|-----|-------|---------|-------|
|-------------------------|----|-----|-------|---------|-------|

01122005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0252669 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BILLINGS, NANCY 2475 S BAYSHORE DR. #1 MIAMI, FL 33133

## DO NOT WRITE IN THIS SPACE

|   | : named entity submits this statement for the p<br>jons of registered agent. | urpose of changing its registere                 | ed office or  | registered agent, or bo        | th, in the State of Horida. Tam familiar with, and accopt |
|---|--|--|---------------|--------------------------------|---|
| SIGNATURE_                                      | Signature, typed or printed name of registered againt and title i            | fapplicable (NOTE, Registered                    | Agent signaur | e required when reinstalling)  | DATE  |
| FIL<br>After Ma                                 | E NOW!!! FEE IS \$150,00<br>ay 1, 2005 Fee will be \$550.00                  | Election Campaign Finan Trust Fund Contribution, | cing 🔲        | \$5.00 May Be<br>Added to Fees |   |
| TO.<br>TITLE<br>NAME                            | OFFICERS AND DIRECT DP BILLINGS, NANCY                                       | TORS   |               |                                |   |
| STREET ADDRESS<br>City St-Zip                   | 2475 SOUTH BAYSHORE DRIVE # 1<br>MIAMI, FL 33133                             |  |               |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |               |                                | 000000186541<br>01/21/US-80060-016 150.00                 |
| TITLE<br>Name<br>Sireet address<br>City-Si-Zip  |  |  |               | DO                             | NOT WRITE   |
| tifile<br>Name<br>Strelt Address<br>City St-Zip |  |  |               | IN T                           | THIS SPACE  |
| TITLE<br>Name<br>Sireet address<br>City-St-Zip  |  |  |               |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS                 |  |  |               |                                |   |

12. Thereby certify that the information supplied with this filling 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 trial 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 807, 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: