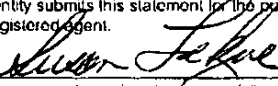
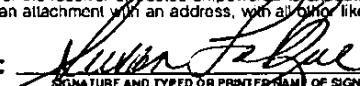


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State

04-30-2007 90389 031 ***150.00

DOCUMENT # V09595 1. Entity Name SUSAN LARUE DESIGN SERVICES, INC..					
Principal Place of Business 1440 CORAL RIDGE DRIVE PMB 330 CORAL SPRINGS FL 33071 US			Mailing Address 1440 CORAL RIDGE DRIVE PMB 330 CORAL SPRINGS FL 33071 US		
2. Principal Place of Business - No P.O. Box # 677 SPARTANBURG HWY Suite, Apt. #, etc. # 190 City & State HENDERSONVILLE NC Zip 28792 Country USA		3. Mailing Address 677 SPARTANBURG HWY Suite, Apt. #, etc. # 190 City & State HENDERSONVILLE NC Zip 28792 Country USA		4. FEI Number 65-0358382 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent LARUE, SUSAN 1440 CORAL RIDGE DRIVE PMB 330 CORAL SPRINGS FL 33071 FLAT ROCK NC 28731			7. Name and Address of New Registered Agent Name BRIAN TAMONEY Street Address (P.O. Box Number is Not Acceptable) 2200 N. FEDERAL HWY STE 228 City BOCA RATON FL Zip Code 33431		
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 4/16/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARUE, SUSAN 1440 CORAL RIDGE DRIVE PMB 330 CORAL SPRINGS FL 33071	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 Pottery Terrace TRL FLAT ROCK NC 28731	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		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 Section 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: 			PRDS SUSAN LARUE 4/16/07 698-4364 Date Daytime Phone #		