


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90367 019 ***150.00

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|-----------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # V56056 |  |
| 1. Entity Name DESIGNS BY DODI, INC. | |

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| Principal Place of Business 6020 SHORE BLVD. SOUTH #508 GULFPORT, FL 33707 US | Mailing Address 6020 SHORE BLVD. SOUTH #508 GULFPORT, FL 33707 US |
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| 2. Principal Place of Business 5900 SHORE BLVD. SO. Suite, Apt. #, etc. #610 | 3. Mailing Address 5900 SHORE BLVD SO. Suite, Apt. #, etc. #610 |
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| City & State GULFPORT, FL Zip 33707 Country USA | City & State GULFPORT, FL Zip 33707 Country USA |
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04142004 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent FRANKEL, DODI PT 6020 SHORE BLVD. SOUTH #508 GULFPORT, FL 33707 | | 7. Name and Address of New Registered Agent Name FRANKEL, DODI PT Street Address (P.O. Box Number is Not Acceptable) 5900 SHORE BLVD. SO. #610 City GULFPORT FL Zip Code 33707 | |
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| 4. FEI Number 65-0352471 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD FRANKEL, DODI PTD 6020 SHORE BLVD. SOUTH #508 GULFPORT, FL 33707 <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 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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: Dodi Frankel DODI FRANKEL 4-14-04 727/344-0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #