

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90071 015 \*\*\*150.00

DOCUMENT # P02000037299



1. Entity Name  
**PRINT BY DESIGN INC**

Principal Place of Business      Mailing Address  
 4780 NE 2ND AVE      P.O. BOX 480249  
 OAKLAND PARK, FL 33334      FORT LAUDERDALE, FL 33348

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**4119 NE 6th AVE**      **4119 NE 6th AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**OAKLAND PARK FL**      **OAKLAND PARK, FL**  
 Zip      Country      Zip      Country  
**33334**      **USA**      **33334**      **USA**

4000000

04052007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**61-1412316**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MADISON, SANDRA S**  
**4780 NE 2ND AVE**  
**OAKLAND PARK, FL 33334**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5940 NE 6th TERRACE**  
 City      State      Zip Code  
**OAKLAND PARK**      **FL**      **33334**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>MADISON, SANDRA S</b>
STREET ADDRESS	<b>4780 NE 2ND AVE</b>
CITY-ST-ZIP	<b>OAKLAND PARK, FL 33334</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>ROSENTHAL, MARION</b>
STREET ADDRESS	<b>7370 S ORIOLE BLVD C-801</b>
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33446</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MADISON, SANDRA S</b>
STREET ADDRESS	<b>5940 NE 6th TERRACE</b>
CITY-ST-ZIP	<b>OAKLAND PARK, FL 33334</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Sandra S. Madison      SANDRA S. MADISON      4/05/2007      954-283-8198  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #