


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P02000037299

1. Entity Name  
 PRINT BY DESIGN INC



Principal Place of Business      Mailing Address

4119 NE 6TH AVE                      4119 NE 6TH AVE  
 OAKLAND PARK, FL 33334          OAKLAND PARK, FL 33334



03192008      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
 5940 NE 6TH TERR  
 OAKLAND PARK, FL 33334

**DO NOT WRITE IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

U00000867698  
 04/08/08-80081-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADISON, SANDRA S 5940 NE 6TH TERR OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSENTHAL, MARION 7370 S ORIOLE BLVD C-801 DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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      3/19/2008      954-283-8198

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