2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2005 8:00 am Secretary of State DOCUMENT # G28901 1. Entity Name 04-27-2005 90302 028 ***150 00 CONTROL DESIGN, INC. Principal Place of Business Mailing Address 6900-19 PHILLIPS HWY. 6900-19 PHILLIPS HWY. JACKSONVILLE, FL 32216-6038 JACKSONVILLE, FL 32216-6038 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2332606 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOODSON, JOHN B. Street Address (P.O. Box Number is Not Acceptable) 7851 HEATHER LAKE COURT 2830 RIDGEFIELD COURT JACKSONVILLE, FL 32257 Zip Code 3.225-6 VACKSONVILLE 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 the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DV TITLE ☐ Delete Change Addition TITLE NAME GOODSON, MARK J NAME 7851 HEATHER LAKE CT. E. STREET ADDRESS 2830 RIDGEFIELD COURT STREET ADDRESS VACKSONVLLE, FLA. 32256 JACKSONVILLE, FL CITY-ST-ZIP CITY-ST-ZIP DPT ☐ Delete TITLE Change Addition TITLE NAME GOODSON, JOHN B NAME 785-1 HEATHER LAKE CT. E STREET ADDRESS 2830 RIDGEFIELD COURT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP JACKSINVILLE FLA. 32256 TITLE ☐ Delete TITLE ☐ Addition GOODSON, PHYLLIS H. NAME NAME 7851 HEATHER LAKE CT. E. STREET ADDRESS 2830 RIDGEFIELD COURT STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL CITY-ST-ZIP TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Channa NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 12. I hereby 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 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

FILED

JOHN B. GOOD SON, JR. APRIL 25, 2005 - 904-296
Date Daytime Phone \$1747 olm

changed, or on an attachment with an address, with all other like empowered.