2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000116688 FILED 1. Entity Name DESIGN DISTRICT ASSOCIATES, INC. 06 APR 27 AM 10: 17 ANT BUSSEE, FLORIDA Principal Place of Business Mailing Address 1632 PENNSYLVANIA AVE 1632 PENNSYLVANIA AVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 CR2E034 (11/05) 04132006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1068306 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBINS, CRAIG DO NOT WRITE 1632 PENNSYLVANIA AVENUE MIAMI BEACH, FL 33139 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE ROBINS, CRAIG NAME 1632 PENNSYLVANIA AVENUE STREET ADORESS CITY-ST-ZIP MIAMI BEACH, FL 33139 \$00074146475 05/08/06--01014--004 **657.50 GRETENSTEIN, STEVEN NAME 1632 PENNSYLVANIA AVENUE STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP in supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information for trusteed and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director for trusteed impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the anaddest, with all other like empowered.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GRETENSTEIN, VICE President

12. I hereby certify that the inform indicated on this report or sup of the corporation or the rece changed, or on an attachme

SIGNATURE:

or trustee