

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2 May 19, 2006 8:00 am
Secretary of State

02-02-2006 90033 009 ***150.00
05-19-2006 90024 019 ***150.00

DOCUMENT # P05000049615					
1. Entity Name RENEE O'BRIEN DESIGN INC					
Principal Place of Business 1125 TOWN PARK AVE - SUITE 1031 LAKE MARY, FL 32746			Mailing Address 1125 TOWN PARK AVE - SUITE 1031 LAKE MARY, FL 32746		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. Name and Address of Current Registered Agent O'BRIEN, RENEE L 1125 TOWN PARK AVE - SUITE 1031 LAKE MARY, FL 32746				5. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
6. 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 _____ DATE _____ Signature, name or printed name of registered agent and also if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	O	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	O'BRIEN, RENEE L		NAME		
STREET ADDRESS	1125 TOWN PARK AVE - SUITE 1031		STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			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	☐ Change	☐ Addition
NAME			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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 filers empowered.					
SIGNATURE: <u><i>Renee L. O'Brien</i></u> 1/16/05					