## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

| AMENDED ANNUAL REPORT                           |  |  |                               |   |  | FILED                 |                            |  |  |
|---|--|--|-------------------------------|---|--|-----------------------|----------------------------|--|--|
| DOCUMENT # P05000103167                         |  |  |                               |   | r il E D                                 |                       |                            |  |  |
| 1. Entity Name STREAMLINE DESIGNS INC.          |  |  |                               |   |  | 06 AUG -7             |                            |  |  |
| Principal Place                                 | e of Business  | Mailing Address                            |                               | JECRETARY OF STATE<br>TALLAHASSEE, FLORIDA  |  |                       |                            |  |  |
| 171 SW 5TH                                      |  | 910 WASHINGTON ST-<br>HOLLWOOD, FL 33019   |                               | (100(00) ()                                 |  |                       | <b>(1)</b>                 |  |  |
| 2. Principal P                                  | lace of Business   | 3. Mailing Address                         |                               |   |  |                       |                            |  |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc.                        |                               | 08052006                                    | Chg-P                                    | CR2E034 (11/05)       | 1                          |  |  |
| City & State                                    | 9  | City & State Portion B                     | EACH                          | FL  | 4. FEI Number 20-3207                    | 228                   | <del></del>                | oplied For<br>lot Applicable                   |  |
| Zip   | Country  | 33060                                      | Country                       |   | 5. Certificate o                         | Status Desired        | □ \$8.75 Ad<br>Fee Require |  |  |
| 6. Name and Address of Current Registered Agent |  |  |                               | 7. Name and Address of New Registered Agent |  |                       |                            |  |  |
| WEISS, MICHAEL                                  |  |  |                               |   | B.O. Bay Number                          | is Net Assessable     |                            | · · · · · ·                                    |  |
| HOLLYWOOD, FL 33019 PORKLAND FL 33076           |  |  |                               |   | ress (P.O. Box Number is Not Acceptable) |                       |                            |  |  |
|   | PORKLO   | v) FL 3307 F                               | City                          |   |  | ·                     | Zip Cod                    | el a   |  |
| 0 The shave                                     |  | 4  |                               |   |  | 1- H - O              | FL                         |  |  |
|   | named entity submits this statement for ions of registered agent.  | r the purpose of changing its re           |                               | _   |  | , in the State of Fig | rida. I am tamiliar with   | ., and accept                                  |  |
| SIGNATURE                                       | 2 per  | - MIC                                      | CHAEL U                       |   |  |                       | 3/5/05                     |  |  |
|   | Signature, typed or printer hame of registered agent a   | вла вте в аррисаріе. (NO1E: Н              | legistered Agent signat       | ura requirac                                | when reinstating)                        |                       | DATE                       |  |  |
| Am  | ended AR is \$61.25  | 9. Election Campaign<br>Trust Fund Contrib |                               |   | .00 May Be<br>ed to Fees                 |                       |                            |  |  |
| 10.   | OFFICERS AND   |  | 11.                           |   |  | HANGES TO OFF         | ICERS AND DIRECTOR         |  |  |
| TITLE<br>NAME                                   | P<br>WEISS, MICHAEL  | ☐ Delete                                   | TITLE<br>NAME                 | C F   | :0 - WF                                  | ,<br>いむ 155           | Change                     | ☐ Addition                                     |  |
| STREET ADDRESS<br>CITY-ST-ZIP                   | 910 WASHINGTON ST  |  | STREET ADDRESS<br>CITY-ST-ZIP | 79  | 35 NW                                    | HID DA                | 7                          |  |  |
| TITLE   | HOLLYWOOD, FL 33019  | □ Delete                                   | TITLE                         |   | <u>UKLAND</u><br>ES                      | 1 FL =                | 33076<br>Sechange          | ☐ Addition                                     |  |
| NAME  | WEISS, AUSTIN B  | _ 55.5.0                                   | NAME                          | ة ديما                                      | CLIN U                                   | DEISS                 | 7                          | <b>-</b>                                       |  |
| STREET ADDRESS<br>CITY-ST-ZIP                   | 910 WASHINGTON ST<br>HOLLYWOOD, FL 33019   |  | STREET ADDRESS<br>CITY-ST-ZIP | 29<br>1241                                  | 35 NW<br>OKLAND                          | , FL 330              | 026                        |  |  |
| TITLE   | SEC  | ☐ Delete                                   | TITLE                         | SE  | <u></u>                                  |                       | Change                     | Addition                                       |  |
| NAME<br>STREET ADDRESS                          | BRENDA WEISS   |  | NAME<br>STREET ADDRESS        | BOL   | EN OA- U                                 | IO OR                 |                            |  |  |
| CITY-\$1-ZIP                                    |  |  | CITY-ST-ZIP                   | PAG   | MIAND                                    | FL 33                 | 3076                       |  |  |
| TITLE<br>NAME                                   |  | ☐ Delete                                   | TITLE<br>NAME                 |   |  |                       | ☐ Change                   | ☐ Addition                                     |  |
| STREET ADDRESS<br>CITY-ST-ZIP                   |  |  | STREET ADDRESS<br>CITY-ST-ZIP |   | 35<br>08/16                              | )0078<br>/060101      | 759223                     | 25   |  |
| TITLE   |  | ☐ Delete                                   | TITLE                         |   | 901 10                                   |                       | ☐ Change                   | Addition                                       |  |
| NAME<br>Street Address                          |  |  | name<br>Street address        | ]   |  |                       |                            |  |  |
| CITY-ST-ZIP                                     |  |  | CITY-ST-ZIP                   | L   |  |                       |                            |  |  |
| title<br>Name                                   |  | ☐ Delete                                   | TITLE<br>NAME                 |   |  |                       | ☐ Change                   | Addition                                       |  |
| STREET ADDRESS<br>CITY-ST-ZIP                   |  |  | STREET ADDRESS<br>CITY-ST-ZIP |   |  |                       |                            |  |  |
| 12. I hereby                                    | I certify that the information supplied with   |  | the exemptions of             |   |  |                       |                            |  |  |
| of the cor                                      | on this report or supplemental report is<br>poration or the receiver or trustee emporation and attachment with an address, y | owered to execute this report as           |                               |   |  |                       |                            |  |  |
|   | 7/0  | ` <b>)</b>                                 | chaell                        | 100.  |  | 10/2                  | 20 to 20 4                 | 2611   |  |
| SIGNAT  | SIGNATORE AND TYPED OR F   | PRINTED NAME OF SIGNING OFFICER OR         |                               | <i>~</i>                                    | <u>-&gt; (</u>                           | Date / UE             | 305 794.                   | <u> 2011                                  </u> |  |

208/10