


FILED
Apr 10, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000030618

1. Entity Name
DME DESIGN, INC.



Principal Place of Business Mailing Address
238 CONCHA DR. **238 CONCHA DR.**
SEBASTIAN, FL 32958 **SEBASTIAN, FL 32958**



DO NOT WRITE IN THIS SPACE

04052008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0826626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ERSKINE, DONAL G
238 CONCHA DR.
SEBASTIAN, FL 32958

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: *Mary Erskine*

(NOTE: Registered Agent signature required when re-attesting)

DATE: **4-20-06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO ERSKINE, DONAL G 238 CONCHA DR. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ERSKINE, MARY E 238 CONCHA DR. SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000497478
04/22/06-80057-002 150.00

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: *M Erskine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06 7725898409
Date Copying (Page #)