

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 404918

FILED  
Sep 21, 2007  
Secretary of State

Entity Name: DESIGN & ADMINISTRATION CORPORATION

## Current Principal Place of Business:

300 S CENTRAL AVE  
#101  
FLAGLER BCH, FL 32136 US

## New Principal Place of Business:

216 S. 3RD ST  
FLAGLER BCH, FL 32136 US

## Current Mailing Address:

P O BOX 159  
FLAGLER BCH, FL 32136 US

## New Mailing Address:

FEI Number: 59-1407654      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZESKIND,SHIRLEY  
300 S. CENTRAL  
FLAGLER BCH, FL 32136 US

## Name and Address of New Registered Agent:

ZESKIND,SHIRLEY  
216 S. 3RD ST  
FLAGLER BCH, FL 32136 US

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.

SIGNATURE:

09/21/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ZESKIND,SHIRLEY,  
Address: 300 S. CENTRAL  
City-St-Zip: FLAGLER BCH, FL

Title: STD ( ) Delete  
Name: ZESKIND,STANLEY,  
Address: 300 S. CENTRAL  
City-St-Zip: FLAGLER BCH, FL

Title: VD ( ) Delete  
Name: ZESKIND, PHILIP,  
Address: 7710 QUAIL RIDGE DR  
City-St-Zip: CHARLOTTE, NC 28216

Title: VD ( ) Delete  
Name: ZESKIND, LEONARD,  
Address: C/O CONNEALY 1627 MAIN ST. STE. 900  
City-St-Zip: KANSAS CITY, MO 64108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ZESKIND,SHIRLEY,  
Address: 216 S. 3RD ST  
City-St-Zip: FLAGLER BCH, FL 32136

Title: STD (X) Change ( ) Addition  
Name: ZESKIND,STANLEY,  
Address: 216 S. 3RD ST  
City-St-Zip: FLAGLER BCH, FL 32136

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY ZESKIND

S-T

09/21/2007

Electronic Signature of Signing Officer or Director

Date