

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 578180

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: DESIGN ALTERNATIVE, INC.

**Current Principal Place of Business:**

1462 SW 19TH AVE.  
FT. LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

1462 SW 19TH AVE.  
FT. LAUDERDALE, FL 33312 US

**New Mailing Address:**

FEI Number: 59-1852285      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWBERRY, EILEEN  
1462 SW 19TH AVE.  
FT. LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ST ( ) Delete  
Name: NEWBERRY, EILEEN  
Address: 1462 SW 19TH AVE.  
City-St-Zip: FT. LAUDERDALE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: NEWBERRY, EILEEN PSTD  
Address: 1462 SW 19TH AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33312 US

I hereby certify that the information supplied with this filing does not qualify for the 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: EILEEN NEWBERRY, PSTD

PSTD

01/05/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date