


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2008 8:00 am**  
**Secretary of State**

09-05-2008 90002 040 \*\*\*158.75

<b>DOCUMENT # 587100</b> 1. Entity Name <b>3 D DESIGN CO.</b>			
Principal Place of Business <b>POST OFFICE BOX 25381 TAMARAC, FL 33320</b>		Mailing Address <b>POST OFFICE BOX 25381 TAMARAC, FL 33320</b>	
2. Principal Place of Business - No P.O. Box # <b>780 - 122<sup>nd</sup> STR. OCEAN</b>		3. Mailing Address <b>P.O. BOX 522526</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>MARATHON, FL.</b>		City & State <b>MARATHON SHORES, FL</b>	
Zip <b>33050</b>		Zip <b>33052</b>	
Country 		Country 	
4. FEI Number <b>59-1847566</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		09022008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>AGEE, JON 915 MIDDLE RIVER DRIVE SUITE 512 FORT LAUDERDALE, FL 33304</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PTSD</b>	NAME <b>STAUDNER, RUPERT A</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>P.O. BOX 522562</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP <b>MARATHON SHORES, FL 33052</b>			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			
CITY - ST - ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 			
CITY - ST - ZIP 			
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.			
<b>SIGNATURE:</b> 		<b>9/3/2008 305-333-1348</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RUPERT A. STAUDNER P.S.T</b>		Date Daytime Phone #	