## 2008 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Jan 31, 2008 08:00 AN DOCUMENT # F01000005259 **Secretary of State** 1. Entity Name CAPITAL DESIGN CORPORATION OF DE Principal Place of Business Mailing Address 3505 JONATHAN HARBOUR DRIVE 3505 JONATHAN HARBOUR DRIVE JUPITER, FL 33477 JUPITER, FL 33477 CR2E034 (11/05) 01192008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2345113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE DAY, JOAN L 3505 JONATHAN HARBOUR DRIVE JUPITER, FL 33477 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS CPST TITLE DAY, JOAN L NAME STREET ADDRESS 3505 JONATHAN HARBOUR DRIVE CITY-ST-ZIP JUPITER, FL 33477 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS