


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000004736
 1. Entity Name
 HANNA DESIGN GROUP, INC.



Principal Place of Business 4301 WILMETTE AVENUE SUITE A ROLLING MEADOWS, IL 60008	Mailing Address 4301 WILMETTE AVENUE SUITE A ROLLING MEADOWS, IL 60008
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02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3872592	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
 CORPORATE ACCESS, INC.
 236 EAST 6TH AVE
 TALLAHASSEE, FL 32303

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

100000494224
 04/20/06-80038-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HANNA, MICHAEL C 143 CUTTER LANE BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWARCHUK, DAVID 1574 FARMSIDE LANE BOLINGBROOK, IL 60490
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HANNA, DIANE R 143 CUTTER LANE BARRINGTON, IL 60010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 holder of a trust 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: *Michael C. Hanna* MICHAEL C. HANNA 3/27/06 847-705-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #