## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000002022

Entity Name: DESIGN BUILDERS GROUP, INC

KRAUSE, KATHLEEN M

652 GRANBY HILL PLACE

ALPHARETTA, GA 30022

Name:

Address:

City-St-Zip:

FILED Jan 05, 2005 Secretary of State

	mer bloion	I BOILBLIG ORGOT, IIVO.				
Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
	OH ROAD, S TTA, GA 300					
Current N	lailing Addre	ess:	New Maili	ng Address:		
	OH ROAD, S TTA, GA 300					
FEI Number	: 58-2036616	FEI Number Applied For ( )	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and	l Address of	Current Registered Agent:	Name and	Address of New Registered Agent:		
	AMUEL EWOOD LANE , FL 33331	E US				
	named entity e of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or bo		
SIGNATUI	RE:					
	Electro	onic Signature of Registered Ag	ent	Date		
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).				
OFFICER	S AND DIRE	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECT		
Title: Name: Address: City-St-Zip:	GALASSO, R	SANDY COVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	GALASSO, R 63 WEHUNT I		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	PERLMAN, JO	FOREST DRIVE	Title: Name: Address: City-St-Zip:	T (X) Change ( ) Addition GALASSO, CHRISTINE L 720 COOPER SANDY COVE ALPHARETTA, GA 30004		
Title:	Т (	X) Delete	Title:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT GALASSO CP 01/05/2005