2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2005 08:00 AM Secretary of State

| DOCUMENT # F05888 1. Entity Name P.R.B. DESIGN STUDIO, INC. | | Secretary of State |
|--|--|---|
| Principal Place of Business Mailing Address 4522 CLARCONA OCOEE RD. 4522 CLARCONA OCOEE RD. ORLANDO, FL 32810 ORLANDO, FL 32810 | | |
| DO NOT WRITE IN THIS SPA | CE | 01132005 No Chg-P CR2E034 (10/03) 4. FEI Number |
| BERTRAM, PAUL R JR 4522 CLARCONA OCOEE RD. ORLANDO, FL 32810 | | DO NOT WRITE IN THIS SPACE |
| 8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE Signature, yield or printed name of registered agent and little if applicable (NOTE Registered). | ed office or registerer | · · |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | 00 May Be d to Fees |
| 10. OFFICERS AND DIRECTORS TITLE PD NAME BERTRAM, PAUL R JR STREET ADDRESS 1461 FAIRWAY OAKS DR CITY-ST-ZIP CASSELBERRY, FL | <u></u> | i . = = |
| SD | | -1990000235791 02/19/05-80020-015 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS OITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exerindicated on this report or supplemental report is true and accurate and that my signate of the corporation of the repolicer or trustee empowered to execute this report as required changed, or on an attachytent with an address, with all other like empowered. | ure shall have the sar ed by Chapter 607, F | me legal effect as if made under oath, that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SEMING OFFICER OR DIRECTOR Date Date Designer Phone # | | |