2007 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000001958

1. Entity Name
PRATT DESIGN STUDIO, LTD. INC.

Principal Place of Business	Mailing Address
4619 N RAVENSWOOD #300	4619 N RAVENSWOOD #300
CHICAGO, IL 60640	CHICAGO, IL 60640

40116734

DO NOT WRITE IN THIS SPACE

05072007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
36-4197825	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

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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>

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	●CEO
NAME	PRATT, ROBERT A
STREET ADDRESS	4619 N RAVENSWOOD #300
CITY-ST-ZIP	CHICAGO, IL 60640

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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 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.

SIGNATURE: _____ Robert A. Pratt   5-10-07   773-755-2000

<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #</small>