## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H46891

Entity Name: PROGRAM DESIGN LTD., INC.

FILED Apr 17, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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 2749 1ST AVE. N.
 2533 1ST. AVE. SOUTH

 ST. PETERSBURG, FL 33713
 ST. PETERSBURG, FL 33712

Current Mailing Address: New Mailing Address:

 2749 1ST AVE. N.
 2533 1ST. AVE. SOUTH

 ST. PETERSBURG, FL 33713
 ST. PETERSBURG, FL 33712

FEI Number: 59-2521927 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OGLE, PEGGY A
224 CORDOVA BLVD NE
ST. PETERSBURG, FL 33704 US
OGLE, PEGGY A
224 CORDOVA BLVD NE
ST. PETERSBURG, FL 33704 US

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.

SIGNATURE: PEGGY A. OGLE 04/17/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 OGLE, PEGGY,
 Name:

 Address:
 224 CORDOVA BLVD NE
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 WHITE, DIANE,
 Name:

 Address:
 224 CORDOVA BLVD NE
 Address:

 City-St-Zip:
 ST PETE, FL
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

Name:BUCKLIN, PATRICIAName:Address:5232 GOLDEN GATE BLVDAddress:City-St-Zip:POLK CITY, FLCity-St-Zip:

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.

SIGNATURE: PEGGY A. OGLE D 04/17/2004