2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005
Secretary of State

DOCUMENT# H46891

Entity Name: PROGRAM DESIGN LTD., INC.

Current Principal Place of Business:

2533 1ST. AVE. SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

2533 1ST. AVE. SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: OGLE, PEGGY,
Address: 224 CORDOVA BLVD NE
City-St-Zip: ST. PETERSBURG, FL

Title: V ( ) Delete
Name: WHITE, DIANE,
Address: 224 CORDOVA BLVD NE
City-St-Zip: ST PETE, FL

Title: T ( ) Delete
Name: BUCKLIN, PATRICIA
Address: 5232 GOLDEN GATE BLVD
City-St-Zip: POLK CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: OGLE, PEGGY,
Address: 224 CORDOVA BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: V (X) Change ( ) Addition
Name: WHITE, DIANE,
Address: 224 CORDOVA BLVD NE
City-St-Zip: ST PETE, FL 33704

Title: T (X) Change ( ) Addition
Name: BUCKLIN, PATRICIA
Address: 5232 GOLDEN GATE BLVD
City-St-Zip: POLK CITY, FL 33868

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: PATRICIA BUCKLIN T 03/01/2005

Electronic Signature of Signing Officer or Director Date