


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90363 029 ***150.00

DOCUMENT # K73325 1. Entity Name I.D. ILLUMINATION DESIGN, INC.					
Principal Place of Business 1701 B NW 1ST AVE BOCA RATON, FL 33432 US			Mailing Address 300 SW 6TH AVE BOCA RATON, FL 33486 US		
2. Principal Place of Business - No P.O. Box # 1426 SE 12th AVE		3. Mailing Address 1426 S.E. 12th AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OCALA FLORIDA		City & State OCALA FLORIDA		4. FEI Number 65-0130321	
Zip 34471		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEISS ELIZABETH M. 300 SW 6TH AVE 1426 S.E. 12th AVE BOCA RATON, FL 33486 OCALA FLORIDA 34471			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVSD WEISS, ELIZABETH M. 300 SW 6TH AVE BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 1426 S.E. 12th AVE OCALA FLORIDA 34471	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Elizabeth M. Weiss <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/8/2007 352-368-4096 <small>Date Daytime Phone #</small>		