2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2007
Secretary of State

DOCUMENT# K91273

Entity Name: BILKEY/LLINAS DESIGN ASSOCIATES, INC.

Current Principal Place of Business:

3601 PGA BLVD
STE 300
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

3601 PGA BLVD
STE 300
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 65-0120924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GERSON, GARY N., ESQ
1645 PALM BCH LAKES BLVD
STE 1200
W PALM BCH., FL 33401 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: VP ( ) Delete
Name: SALCEDO, FABIO
Address: 2236 COUNTRY GOLF DR
City-St-Zip: WELLINGTON, FL 33414

Title: DTSV ( ) Delete
Name: SALCEDO, MAURICIO
Address: 4110 BAHIA ISLE CIRCLE
City-St-Zip: WELLINGTON, FL 33467

Title: DVP ( ) Delete
Name: LLINAS, OSCAR,
Address: 1728 BREAKERS W BLVD
City-St-Zip: W PALM BCH., FL 33441

Title: DP ( ) Delete
Name: BILKEY, ROBERT N
Address: 1728 BREAKERS WEST BLVD
City-St-Zip: WEST PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MAURICIO SALCEDO DTSV 06/27/2007

Electronic Signature of Signing Officer or Director Date