2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L04000034034

Entity Name: BODZIAK DESIGN GROUP, LLC

Current Principal Place of Business:

3637 FOURTH STREET NORTH
SUITE 230
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

3637 FOURTH STREET NORTH
SUITE 230
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 20-2281128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WALTER E
757 ARLINGTON AVENUE NORTH
ST. PETERSBURG, FL 33701 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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	BODZIAK, JOHN A	
Address:	3637 FOURTH STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33704	
Title:	MGRM	( ) Delete
Name:	BODZIAK, CYNTHIA D	
Address:	150 - 27TH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33704	
Title:	MGRM	( ) Delete
Name:	GALLOWAY, MELINDA D	
Address:	6565 - 26TH STREET NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33702	

ADDITIONS/CHANGES:

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN BODZIAK MGR 04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date