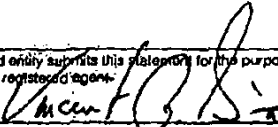
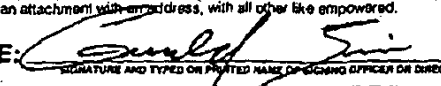


AMENDED **2004 FOR PROFIT CORPORATION** **ANNUAL REPORT**

04-28-2004 90303 010 ***61.25
L13851

DOCUMENT # L13851					
1. Entity Name MORNINGSTAR DESIGN GROUP, INC.					
Principal Place of Business 800 GATEPARK DRIVE DAYTONA BEACH, FL 32114			Mailing Address 3075 NE LOQUAT LANE JENSEN BEACH, FL 34957		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2970981			Applied For Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SICA, VINCENT A. 124 N. BREVARD AVENUE ARCADIA, FL 33821			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10 S. DeSoto Ave., Suite 101 City Arcadia FL Zip Code 34266		
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: 		Vincent A. Sica		3/19/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SICA, GERALD		NAME		
STREET ADDRESS	800 GATEPARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	DVS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SICA, HELEN		NAME		
STREET ADDRESS	800 GATEPARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 address, with all other like empowered.					
SIGNATURE: 		Gerald Sica		3/24/04 (30) 323-7100	

04 MAY 11 PM 12:13

TALLAHASSEE, FLORIDA



03192004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2970981

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SICA, VINCENT A.
124 N. BREVARD AVENUE
ARCADIA, FL 33821

Name

Street Address (P.O. Box Number is Not Acceptable)

10 S. DeSoto Ave., Suite 101

City

Arcadia

FL

Zip Code

34266

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

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Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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☐ Change ☐ Addition

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SIGNATURE:



Gerald Sica

3/24/04

(30) 323-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone