## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 01, 2005 8:00 am Secretary of State DOCUMENT # L13851 1. Entity Name 04-01-2005 90007 020 \*\*\*150.00 MORNINGSTAR DESIGN GROUP, INC. Principal Place of Business Mailing Address 800 GATEPARK DRIVE® - W 1 Promises 5 2413075 NE:LOQUAT L'ANE DAYTONA BEACH FL 32114 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2970981 Not Applicable Żip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SICA, VINCENT A 10 S. DESOTA AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 101 ARCADIA FL 34266 City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE TITLE ☐ Addition Delete NAME SICA, GERALD NAME 676 Independence Valley DR. Grand Jurchion, Co. 8/503 STREET ADDRESS 800 GATEPARK DRIVE STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP DVS TITLE ☐ Delete TITLE ☐ Addition SICA, HELEN NAME NAME 676 Independence Valley DR. Grand Junction, Co 81503 800 GATEPARK DRIVE STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ---TITLE . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Chapne Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**