FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90041 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L36759

1. Entity Name
STEVENSON DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
600 FARIWAY DR SUITE 103-B DEERFIELD BEACH, FL 33441 US	600 FARIWAY DR SUITE 103-B DEERFIELD BEACH, FL 33441 US

94058613

02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
600 FAIRWAY DR.		600 FAIRWAY DR.	
Suite, Apt. #, etc.: SUITE 103-B		Suite, Apt. #, etc.: SUITE 103-B	
City & State: DEERFIELD BEACH, FL		City & State: DEERFIELD BEACH, FL	
Zip: 33441	Country: US	Zip: 33441	Country: US

4. FEI Number 65-0159116 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOLEN, ROBERT A
1101 SE 8TH STREET
FT. LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name: JUDY CHEFAN
Street Address (P.O. Box Number is Not Acceptable): 600 FAIRWAY DR., SUITE 103-B
City: DEERFIELD BEAC **FL** Zip Code: 33441

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] 4/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PVD CHEFAN, JUDY 600 FARIWAY DR STE #103-B DEERFIELD BEACH, FL 33441	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #