


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90097 049 ***150.00

DOCUMENT # L73301 1. Entity Name DESIGN ENTERPRISES, INC.					
Principal Place of Business 815 ORIENTA AVENUE #1040 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 815 ORIENTA AVENUE #1040 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3013249	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEFFLER, GLEN A 815 ORIENTA AVENUE SUITE 1040 ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD LEFFLER, LYNDON A. 254 PINESTRAW CIRCLE ALTAMONTE SPRINGS, FL 32744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	815 Orienta Avenue, # 1040 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELLINI, LISA L 990 W LAKE SUE AVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	815 Orienta Avenue, # 1040 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LEFFLER, SHIRLEY 254 PINESTRAW CIRCLE ALTAMONTE SPRINGS, FL 32744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	815 Orienta Avenue, # 1040 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LEFFLER, GLEN A 714 SPRING FOREST CT APOPKA, FL 32712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	815 Orienta Avenue, # 1040 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARLOS, RANDY K 13410 LAGEBARK PINE ROAD ORLANDO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	815 Orienta Avenue, # 1040 Altamonte Springs, FL 32701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i>			4-7-05 407-830-1414		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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ATTACHMENT # P04000096275

Schedule K-1
(Form 1120S)

2004

Department of the Treasury
Internal Revenue ServiceTax year beginning _____, 2004
and ending _____☐ Final K-1☐ Amended K-1

OMB No. 1545-0130

Shareholder's Share of Income, Deductions,
Credits, etc. ▶ See page 2 of form and separate instructions.**Part I** Information About the Corporation**A** Corporation's employer identification number
20-1325306**B** Corporation's name, address, city, state, and ZIP code
INFINITE PRIVACY INC
1530 OLD EUSTIS ROAD
MOUNT DORA, FL 32757**C** IRS Center where corporation filed return
OGDEN, UT**D** ☐ Tax shelter registration number, if any _____**E** ☐ Check if Form 8271 is attached**Part II** Information About the Shareholder**F** Shareholder's identifying number
589-12-4871**G** Shareholder's name, address, city, state, and ZIP code
TROY R ATKINSON II
1530 OLD EUSTIS ROAD
MOUNT DORA, FL 32757-9470**H** Shareholder's percentage of stock
ownership for tax year. _____ 100 %**Part III** Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits & credit recapture
	3,754.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
	1,822.	C	108.
12	Other deductions	D	9,725.
		17	Other information

*See attached schedule for additional information.

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ATTACHMENT # P04000096275

2004 Shareholder's Basis Computation

S Corporation Name

Employer I.D. number

INFINITE PRIVACY INC

20-1325306

Name of Shareholder

Shareholder's I.D. number

TROY R ATKINSON II

589-12-4871

1. STOCK BASIS AT BEGINNING OF TAX YEAR

INCREASES:

2. Ordinary income	3,754.
3. Net income from rental activities	
4. Net portfolio income	
5. Net gain under Section 1231	
6. Other income	
7. Tax-exempt interest income	
8. Other tax-exempt income	
9. Net gain on disposition of Section 179 assets	
10. Oil and gas depletion in excess of basis	
11. OTHER INCREASES:	
CAPITAL STOCK	100.
PAID IN CAPITAL	7,005.
12. TOTAL INCREASES: (add lines 2 - 11).	10,859.

DECREASES:

13. Nondeductible expenses	108.
14. Oil and gas depletion	
15. Ordinary loss	
16. Net loss from rental activities	
17. Net portfolio loss	
18. Net loss under Section 1231	
19. Other loss	
20. Charitable contributions	
21. Section 179 expense deduction	1,822.
22. Deductions related to portfolio income (loss)	
23. Other deductions	
24. Investment interest expense	
25. Total foreign taxes	
26. Section 59(e) expenses	
27. Prior year loss in excess of basis	
28. OTHER DECREASES:	
LOSS IN EXCESS OF BASIS	-796.
29. Property distributions (including cash)	9,725.
30. TOTAL DECREASES (add lines 13 - 29)	10,859.

31. STOCK BASIS AT END OF TAX YEAR. (Line 1 plus line 12 minus line 30)

0.

32. DEBT BASIS AT BEGINNING OF TAX YEAR

0.

33. ADJUSTMENTS TO DEBT BASIS:

34. DEBT BASIS AT END OF TAX YEAR (Combine Line 32 and 33)

0.

35. SHAREHOLDER'S TOTAL BASIS AT END OF TAX YEAR (Add Line 31 and 34)

0.

LOSSES/DEDUCTIONS IN EXCESS OF BASIS (SUSPENDED)

796.