2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2007
Secretary of State

DOCUMENT# M03000001398

Entity Name: BLACK STRAPP DESIGN GROUP, LLC

Current Principal Place of Business:

PO BOX 175
MARY ESTHER, FL 32569

New Principal Place of Business:

636 WEST SUNSET BLVD.
FORT WALTON BEACH, FL 32547

Current Mailing Address:

PO BOX 175
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 22-5251069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURKE, M. TODD ESQ
BURKE, BLUE & HUTCHISON, P.A.
215 GRAND BOULEVARD, SUITE 101
DESTIN, FL 32550 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: HUTTON, VICKI L
Address: PO BOX 175
City-St-Zip: MARY ESTHER, FL 32569

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HUTTON, VICKI L
Address: 636 WEST SUNSET BLVD.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGR ( ) Change (X) Addition
Name: HUTTON, VICKI L
Address: P.O. BOX 175
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify 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: VICKI L. HUTTON MS. 05/16/2007

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