

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90044 005 ***150.00

DOCUMENT # P00000034848 1. Entity Name DESIGN REVOLUTION INC.			
Principal Place of Business 12814 SW 54 ST MIRAMAR, FL 33027		Mailing Address 12814 SW 54 ST MIRAMAR, FL 33027	
2. Principal Place of Business 8525 NW 53 TERRACE Suite, Apt. #, etc. 105 City & State MIAMI, FL Zip 33166		3. Mailing Address 8525 NW 53 TERRACE Suite, Apt. #, etc. 105 City & State MIAMI, FL Zip 33166	
Country USA		Country USA	
4. FEI Number 65-0997816		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VANDENSTOCKT, AMY LYNN 12814 S.W. 54 ST. MIRAMAR, FL 33027		7. Name and Address of New Registered Agent Name AMY LYNN VANDENSTOCKT Street Address (P.O. Box Number is Not Acceptable) 8525 NW 53 TERRACE # 105 City MIAMI FL Zip Code 33166	
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 <u><i>Amy L. Vanderstockt</i></u> DATE 3/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 VANDENSTOCKT, CHARLES M II 12814 S.W. 54 ST. MIRAMAR, FL 33027	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANDENSTOCKT, AMY LYNN 12814 S.W. 54 ST. MIRAMAR, FL 33027	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	<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: <u><i>Amy L. Vanderstockt</i></u> AMY L. VANDENSTOCKT		Date 3/28/05 Daytime Phone # 305-335-8477	