2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065702

8314 SE PETTWAY

HOBE SOUND, FL 33475

Address:

City-St-Zip:

FILED Mar 30, 2004 Secretary of State

Entity Nam	ne: COMPLEX	X SIMPLICITY DESIGN CORP		•	
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
8314 S. E. PETTWAY HOBE SOUND, FL 33475					
Current Mailing Address:			New Maili	New Mailing Address:	
4004 NW GOLDENROD RD., #302 TENSEN BEACH, FL 34994				4004 NW GOLDENROD RD., #302 JENSEN BEACH, FL 34994	
FEI Number: 59-0687423 FEI Number Applied For () FEI Number		FEI Number Not App	mber Not Applicable () Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registere				Address of New Registered Agent:	
BENTON, CHARLES S 932ND UNIT H6 2201 SE INDIAN ST STUART, FL 34997 US					
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 Election Campaign Financing Trust Fund Contribution ().			t	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () HILL, JAMES 10160 SE DIXIE HOBE SOUND, I		Title: Name: Address: City-St-Zip:	P (X) Change () Addition HILL, JAMES A 4004 NW. GOLDENROD RD. #302 JENSEN BEACH, FL 34957	
Title: Name: Address: City-St-Zip:	CD () QUEEN, HOWAI 8160 WASHING HOBE SOUND, I	TON ST.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	VPT () BERRIAN, CHAF	Delete RLES T	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAMES A. HILL P 03/30/2004