


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90038 010 \*\*\*150.00

<b>DOCUMENT # P00000082755</b> 1. Entity Name <b>DESIGN SPECTRUM GROUP, INC.</b>					
Principal Place of Business <b>5597 US HWY 98 W</b> <b>203</b> <b>SANTA ROSA BEACH, FL 32459</b>			Mailing Address <b>5597 US HWY 98 W</b> <b>203</b> <b>SANTA ROSA BEACH, FL 32459</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
6. Name and Address of Current Registered Agent  <b>PAINTER, ROSANNE</b> <b>411 ADAMS ST. NW</b> <b>FORT WALTON BEACH, FL 32548</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>PAINTER, ROSANNE M</b> <b>411 ADAM ST NW</b> <b>FORT WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>EDERER, KIMBERLY</b> <b>405 EDEN DRIVE</b> <b>SANTA ROSA BEACH, FL 32459</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TRES</b> <b>CHERRY, KANDICE A</b> <b>1706 CRESTONE COVE</b> <b>NICEVILLE, FL 32578</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Rosanne Painter M</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

10000011



04042007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3726617** Applied For ☐ Not Applicable ☐

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