2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006
Secretary of State

DOCUMENT# P00000088910

Entity Name: INDULGENCE DESIGN, INC.

Current Principal Place of Business:

C/O REGENCE HEALTHCARE
9240 BONITA BEACH RD., SUITE 2208
BONITA SPRINGS, FL 34135

New Principal Place of Business:

2950 TAMIAMI TRAIL N
SUITE 16
NAPLES, FL 34103

Current Mailing Address:

C/O REGENCE HEALTHCARE
9240 BONITA BEACH RD., SUITE 2208
BONITA SPRINGS, FL 34135

New Mailing Address:

2950 TAMIAMI TRAIL N
SUITE 16
NAPLES, FL 34103

FEI Number: 59-3675541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYRITSIS, ATHINA LYNNE
2950 TAMIAMI TRL. N
STE. 16
NAPLES, FL 34103 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KYRITSIS, ATHINA
Address: 2950 TAMIAMI TRL. N, STE. 16
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: ATHINA KYRITSIS P 08/14/2006

Electronic Signature of Signing Officer or Director — Date