


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90031 021 ***150.00

DOCUMENT # P00000093305 1. Entity Name PLATINUM DESIGN TRADE SERVICES, INC.	
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Principal Place of Business 1260 AMERICAN WAY STE 256 LONGWOOD, FL 32750	Mailing Address 720 MORSE BLVD WINTER PARK, FL 32789
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3684605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

~~PRATT, PAULA E~~
~~390 N ORANGE AVENUE SUITE 1500~~
~~ORLANDO, FL 32801~~
WHWW, INC.
390 N. Orange Ave.
Suite 1500
Orlando, FL 32801

DO NOT WRITE IN THIS SPACE

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 By: *Deborah Fricke* *Deborah Fricke, VP* *1/27/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABBOTT, MICHAEL 720 MORSE BLVD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD THEE, S. MARC 720 MORSE BLVD WINTER PARK, FL 32789
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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.

SIGNATURE: *M. Abbott* *1/8/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #