

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90420 022 \*\*\*150.00

<b>DOCUMENT # P00000099070</b> 1. Entity Name <b>DOUBLE W DESIGNS, INC.</b>					
Principal Place of Business <b>555 SAWYER AVENUE MERRITT ISLAND, FL 32953</b>			Mailing Address <b>POST OFFICE BOX 205 COCOA, FL 32923-0205</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 540819</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>Merritt Island, FL</b> Zip      Country <b>32954-0819      USA</b>		4. FEI Number <b>59-3465851</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, MARY L 555 SAWYER AVE. MERRITT ISLAND, FL 32953</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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input type="checkbox"/> Delete <b>WILLIAMS, WILSON JR</b> <b>5005 CASTILE PLACE #330</b> <b>TAMPA, FL 33617</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>BM</b> <input type="checkbox"/> Delete <b>WILLIAMS, MARY W</b> <b>555 SAWYER AVE.</b> <b>MERRITT ISLAND, FL 329534427</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <input type="checkbox"/> Delete <b>ARLINE, WENONA W</b> <b>11429 SKIMMER CT.</b> <b>JACKSONVILLE, FL 32225</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Arline, Wenona W.</b> <b>4667 Fulton Road</b> <b>Jacksonville, FL 32225</b>	
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: <i>Mary L. Williams</i></b> <b>Mary L. Williams</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-12-06</b> <b>(321)454-4797</b> <small>Date      Daytime Phone #</small>		