2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90336 026 ***158.75

DOCUMENT # P00000102704

1. Entity Name
DESIGN DIVISION COMPANY

Principal Place of Business	Mailing Address
11300 U.S. HWY. ONE, STE. 203 NORTH PALM BEACH, FL 33408-3208	11300 U.S. HWY. ONE, STE. 203 NORTH PALM BEACH, FL 33408-3208

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2401 PGA Boulevard		2401 PGA Boulevard	
Suite, Apt. #, etc: Suite 148		Suite, Apt. #, etc: Suite 148	
City & State: Palm Beach Gardens, FL		City & State: Palm Beach Gardens, FL	
Zip: 33410 -	Country: Palm Beach	Zip: 33410	Country: Palm Beach

4. FEI Number 65-1054414 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, ULRIKE
11300 U.S. HWY. ONE, STE. 203
NORTH PALM BEACH, FL 33408-3208

7. Name and Address of New Registered Agent

Name: MANG, HELGA
Street Address (P.O. Box Number Is Not Acceptable): 2401 PGA Boulevard, Suite 148
City: Palm Beach Gardens FL Zip Code 33410

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: Helga Mang, President [signature] 04/16/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARKER, ULRIKE 11300 U.S. HWY. ONE, STE. 203 NORTH PALM BEACH, FL 334083208	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MANG, HELGA 2401 PGA Boulevard, Suite 148 Palm Beach Gardens, FL 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Helga Mang, President [signature] (561) 625-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #