2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

DOCUMENT # P00000113797		A		0003 018 ***150	
MIND DESIGN, INC.					
Principal Place of Business Mailing Address		7,~			
39 ST. THOMAS DR PALM BEACH GARDENS, FL 33418 39 ST. THOMAS DR PALM BEACH GARDENS, F	L 33418				
2. Princing Place of Business Black Blyd. Mailing Address 129 Royal F am Black Blyd. Mailing Address Suite Ant # etc.	alm Beach				
Suite 72 Suite 72		02142006	Chg-P	CR2E034 (11/05)	
Royal Palm Beach, FL Coyal Paln	1 Beach,1	4. FEI Number 65-10643	27		oplied For ot Applicable
33411 USA 35411	Country USA	5. Certificate of S		See Require	
6. Name and Address of Current Registered Agent	Name	7. Name and Ad	Idress of New Re	gistered Agent	
MULLINS, SCOTT K		ess (P.O. Box Number is	s Not Acceptable)		•
1129 ROYAL PALM BEACH BLVD., STE. 72 ROYAL PALM BEACH, FL 33411		CSS (F.O. DOX NOTINOET IS			
	City			Tin Cod	:
				FL Zip Cod	
 The above named entity submits this statement for the purpose of changing its req the obligations of registered agent. 	gistered office or reg	gistered agent, or both, i	in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE				•	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature re	equired when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Figure 1, 2006 Fee will be \$550.00 Figure 2, 2006 Fee will be \$550.00 Figure 3, 2006 Fee will be \$550.00	Financing	\$5.00 May Be Added to Fees		DATE	
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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 logal effect as if made under path; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASOUTH

2/16/06 5617918085

Date

Daytime Phone #