2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: *

Mar 02, 2005 08:00 AM **Secretary of State** DOCUMENT # P01000042530 NEW DEVELOPMENT DESIGN, INC. Mailing Address Principal Place of Business 5411 NW 179 TR 5411 NW 179 TR MIAMI, FL 33055 MIAMI, FL 33055 CR2E034 (10/03) 01242005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1078241 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LUIS, DIAMEL 1735 WEST 60TH STREET; UNIT M-125 HIALEAH, FL 33012 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. (NOTE Registered Agent signature required when reinstating) printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LUIS, DANIEL NAME STREET ADDRESS 5411 NW 179 TR MIAMI, FL 33055 CITY-ST-ZIP ___U00000248292 03/02/05-80024-017 150.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #