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Secretary of State

05-01-2003 90367 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

20037940

DOCUMENT # P02000005575

1. Entity Name
BEAUTIFUL WORLD DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
2280 WILCOX STREET WEST MELBOURNE, FL 32904	2280 WILCOX STREET WEST MELBOURNE, FL 32904

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4066 HIELO RD N.W. Suite, Apt. #, etc.	4066 HIELD RD N.W. Suite, Apt. #, etc.
City & State: PALM BAY, FL	City & State: PALM BAY, FL
Zip: 32907 Country: USA	Zip: 32907 Country: USA

4. FEI Number: 10-0004799 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R
1800 WEST HIBISCUS BLVD., SUITE 138
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent

Name: Clarence Coogan
Street Address (P.O. Box Number is Not Acceptable): 4066 HIELD RD N.W.
City: PALM BAY FL Zip Code: 32907

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: CG Coogan III — DATE: 4.28.03

[redacted]

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	D KANCILIA, JOHN R 1800 WEST HIBISCUS BLVD., SUITE 138 MELBOURNE, FL 32901 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COOGAN, CLARENCE 4066 HIELD RD. N.W. PALM BAY, FL 32907 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: CG Coogan III — 4.28.03 — 321.720.1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)