

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90293 049 \*\*\*150.00

<b>DOCUMENT # P02000022309</b> 1. Entity Name <b>DESIGN K, INC.</b>					
Principal Place of Business <b>1090 PEPPERIDGE TERR BOCA RATON, FL 33486</b>			Mailing Address <b>1090 PEPPERIDGE TERR BOCA RATON, FL 33486</b>		
2. Principal Place of Business <b>CLIENT SITES</b>		3. Mailing Address <b>265 S. FEDERAL HWY #153</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>#153</b>			
City & State 		City & State <b>DEERFIELD BEACH</b>		4. FEI Number <b>03-0394676</b>	
Zip 		Zip <b>FL 33441</b>		Country <b>Broward</b>	
6. Name and Address of Current Registered Agent  <b>LEACH, KIMBERLEY 1090 PEPPERIDGE TERR BOCA RATON, FL 33486</b>				7. Name and Address of New Registered Agent Name <b>KIMBERLEY LEACH</b> Street Address (P.O. Box Number is Not Acceptable) <b>9792 VINEYARD CT</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33428</b>	
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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEACH, KIMBERLEY 1090 PEPPERIDGE TERR BOCA RATON, FL 33486</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>X 9792 VINEYARD CT BOCA RATON FL 33428</b> <input checked="" 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	
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 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.					
<b>SIGNATURE:</b> <u>Kimberley A. Leach</u> <b>KIMBERLEY LEACH</b>			<b>4/18/05</b> Date Daytime Phone #		