


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90402 026 ***150.00

DOCUMENT # P02000024549 1. Entity Name ECOSYSTEMS DESIGN OF FLORIDA, INC.	
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Principal Place of Business 13101 MIKE DRIVE TAMPA, FL 33617	Mailing Address 1611 W PLATT STREET TAMPA, FL 33606
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14013625

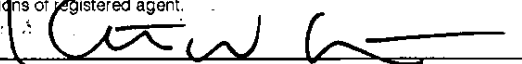


2. Principal Place of Business		3. Mailing Address 502 N. ARMENIA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMPA FL	
Zip	Country	Zip 33609	Country USA

04192005 Chg-P CR2E034 (10/03)

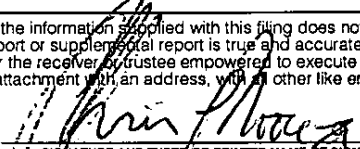
4. FEI Number 27-0002950		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOEHLER, KEITH W 1611 W PLATT STREET TAMPA, FL 33606		7. Name and Address of New Registered Agent Name KEITH W. KOEHLER Street Koehler & Company, P.A. 502 North Armenia Avenue City Tampa, FL 33609 Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.		liar with, and accept
SIGNATURE  4/20/05		DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MOORE, CHRISTOPHER M <input type="checkbox"/> Delete 13101 MIKE DRIVE TAMPA, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, CHRISTOPHER M <input type="checkbox"/> Delete 13101 MIKE DRIVE TAMPA, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.	
SIGNATURE:  CHRIS MOORE SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/29/05 (813) 961-4544 Date Daytime Phone #