04-25-'05 10:33 FROM-NOVICES ACCOUNTING 1-772-461-7

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90393 013 ***158.75

14012738

04052005 No Chg-P CR2E034 (10/03)

DOCUMENT # P02000033488

1. Entity Name
DISTINCT DESIGN INC.

Principal Place of Business	Mailing Address
1575 AVIATION CENTER PKWY. #527 DAYTONA BEACH, FL 32114	1575 AVIATION CENTER PKWY. #527 DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0683073
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARROYO, EDUARDO O
708 SW RAVENS WOOD LA.
PORT ST. LUCIE, FL 34983

FOUR SEASONS SUNROOMS
by Distinct Design Inc.
1575 Aviation Center Parkway #527
Daytona Beach, Fl 32114
386-947-3369 800-834-8951

DO NOT WRITE 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ARROYO, EDUARDO O
STREET ADDRESS	708 SW RAVENS WOOD LA.
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	V
NAME	ARROYO, VIRGINIA M
STREET ADDRESS	708 SW RAVENS WOOD LA
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Please Change Address to
1575 Aviation Center Pkwy
Daytona Beach, FL.
Suite 527,
32129
Thank You

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: VIRGINIA ARROYO Virginia Arroyo 4-25-05 (386) 947-3369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #