


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000061770 1. Entity Name FROGGENHEIM DESIGNS, INC.	
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Principal Place of Business 7917 SW JACK JAMES DR SUITE 10 STUART, FL 34997	Mailing Address 7917 SW JACK JAMES DR SUITE 10 STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0711628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

H.A. INCORPORATED
308 NW 101 TERRACE
CORAL SPRINGS, FL 33071

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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, 2006 Fee will be \$550.00

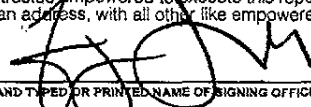
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRUBB, TRACY 7917 SW JACK JAMES DRIVE # 10 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRUBB, TRACY 7917 SW JACK JAMES DRIVE #10 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRUBB, TRACY 7917 SW JACK JAMES DRIVE #10 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUBB, TRACY 7917 SW JACK JAMES DRIVE #10 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/06-80001-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: 4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #