


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000061770</b> 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**



01192008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent  
  
H.A. INCORPORATED  
2700 PGA BLVD STE 201B  
PALM BEACH GARDENS, FL 33410

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000893915 04/24/08-800007-006 150.00
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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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IN THIS SPACE**

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:**  **4/2/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #