FILED
May 23, 2006 8:00 am
Secretary of State
05-23-2006 90011 041 ***150.00

2006

FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000073972

1. Entity Name

NEED DESIGN, CORPORATION

Principal Place of Business: 15830 S.W 32D CT # 202, PEMBROKE PINES, FL 33027

Mailing Address

40094094

2. Principal Place of Business	3. Mailing Address
15830 S.W 32D CT	# 202 (Same)
Suite, Apt. #, etc. 202	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State
Zip: 33027 Country	Zip Country

04252004 Chg-P CR2E034 (10/03)

4. FEI Number: 33-7012443 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: ALEXIS DELGADO

Street Address (P.O. Box Number is Not Acceptable): 15830 S.W 32D CT #202

City: Pembroke Pines FL Zip Code 33027

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] 05/17-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSD ☐ Delete NAME: ALEXIS DELGADO STREET ADDRESS: 15830 S.W 32D CT #202 CITY-ST-ZIP: Pembroke Pins, FL 33027		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE [signature] 05/17-2006 (954) 8818260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

400940 94

Weston, Fl May 17, 2006

Department of State
Division of Corporations
Uniform Business Report
P.O. BOX 1500
Tallahassee, Fl 32302-1500

REF. : NEED DESIGN CORPORATION
DOCUMENT # P02000073972

Dear Sir or Madam:

This letter is to inform you that I did not received the 2006 Uniform Business Report for NEED DESIGN CORPORATION, on time, document number P02000073972.

I have only now realized that I owe the 2005 fees, and respectfully request that NEED DESIGN CORPORATION be excused from paying the some penalty.

Many thanks for your attention.

Yours truly,

ALEXIS DELGADO
President