


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90098 001 \*\*\*150.00  
08-27-2004 90098 002 \*\*\*\*\*8.75

<b>DOCUMENT # P02000088060</b>	
1. Entity Name <b>THE DIGITAL DESIGN CENTER, INC.</b>	

Principal Place of Business <b>435 DOUGLAS AVE. SUITE 2705 ALTAMONTE SPRINGS, FL 32714</b>	Mailing Address <b>435 DOUGLAS AVE. SUITE 2705 ALTAMONTE SPRINGS, FL 32714</b>
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**66432755**

2. Principal Place of Business <b>43 SKYLINE DRIVE</b> Suite, Apt. #, etc. <b>3001</b>	3. Mailing Address <b>(Same)</b> Suite, Apt. #, etc.
City & State <b>LAKE MARY, FLORIDA</b>	City & State
Zip <b>32746</b>	Country <b>U.S.A.</b>



08202004 Chg-P CR2E034 (10/03)

4. FEI Number <b>54-2068853</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MATHIEU, DAVID L 145 WORNALL DRIVE SANFORD, FL 32771</b>	
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7. Name and Address of New Registered Agent Name <b>MATHIEU, DAVID L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>511 ARCHWOOD DRIVE</b> City <b>DE BARY</b> FL Zip Code <b>32713</b>	
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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  (NOTE: Registered Agent signature required when reinstating) DATE **8/25/04**

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MATHIEU, DAVID L 145 WORNALL DRIVE SANFORD, FL 32771</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. MATHIEU, DAVID L 511 ARCHWOOD DRIVE DE BARY, FL 32713</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V JOBES, GREGORY M 1353 WESTCHESTER AVE WINTER PARK, FL 32789</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WORLEY, DONALD W JR 860 WESLEY CIRCLE, APT. 302 APOPKA, FL 32703</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WORLEY, DONALD W JR 741 GOLDEN LARCH COURT DELTONA, FL 32725</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 all other like empowered.

SIGNATURE:  **8/25/04** **407 936 0242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #