

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90170 015 ***150.00

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04202006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000090989 1. Entity Name PHIL KEAN DESIGNS, INC.					
Principal Place of Business 1281 WOODMERE DRIVE WINTER PARK, FL 32789			Mailing Address 1281 WOODMERE DRIVE WINTER PARK, FL 32789		
2. Principal Place of Business 201 W. CANTON AVE. Suite, Apt. #, etc. SUITE 200 City & State WINTER PARK, FL Zip 32789		3. Mailing Address 201 W. CANTON AVE. Suite, Apt. #, etc. SUITE 200 City & State WINTER PARK, FL Zip 32789		4. FEI Number 51-0421263 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent KEAN, PHILIP 1281 WOODMERE DRIVE WINTER PARK, FL 32789			
7. Name and Address of New Registered Agent Name PHILIP KEAN Street Address (P.O. Box Number is Not Acceptable) 201 W. CANTON AVE., SUITE 200 City WINTER PARK FL 32789		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 PHILIP KEAN, PRESIDENT 4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEAN, PHILIP 1281 WOODMERE DR WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROSBERG, BRAD 1281 WOODMERE DR WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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: PHILIP KEAN, PRESIDENT 4/25/06 407-599-3922 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					