2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000107011 02-10-2005 90057 031 ***150.00 HIGHER DESIGN, INC. Mailing Address Principal Place of Business TERESA ROBOTHAM TERESA ROBOTHAM 50013370 4269 N SR-7 -4269 N SR-7 LAUDERDALE LAKES, FL 33319 LAUDERDALE LAKES, FL 33319 2. Principal Place of Business 3. Mailing Address Same Sun Mr. John Robotham Suite, Apt. #, etc. 01262005 CR2E034 (10/03) Chg-P 3310 NW 65th St. Applied For City & State 4. FEI Number Ft Lauderdale, FL 33309 52-2381093 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBOTHAM, TERESA Street Address (P.O. Box Number is Not Acceptable) 3310 NW 65 STREET FORT LAUDERDALE, FL 33309 City Zip Code 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 01050 (NOTE: Registered Agent signature required when reins 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE X Delete TITLE TOLESA COBUTITAN * Change ROBOTHAM, TERESA NAME 3310 NW 65 15 ST NAME STREET ADDRESS 4269 N OR 7 STREET ADDRESS FT. LAUDERAKE CANS FL. 33309 CITY-ST-ZIP LAUDERDALE LAKES, PL 33319 CITY-ST-ZIP TITLE Delete TITLE Change Addition ROB STHUM NAME ROBOTHAM, JOHN NAME 3310 NW LT M ST STREET ADDRESS 4269 N-SR-7 STREET ADDRESS FI. LAUDELDALE FL. 33309 CITY-ST-7IP LAUDERDALE LAKES, Ft. 33319 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davtime Phone ∉

FILED

Feb 10, 2005 8:00 am