2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009921

WELLER, JEFF

SARASOTA, FL 34243

8466 N LOCKWOOD RIDGE, #252

Name:

Address: City-St-Zip:

Entity Name: DESIGN OFRESCO CORP.

FILED May 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 32 S. PALM AVENUE SARASOTA, FL 34236 **Current Mailing Address: New Mailing Address:** 32 S. PALM AVENUE SARASOTA, FL 34236 FEI Number: 76-0723028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLENDINNING, RENEA M 1990 MAIN STREET #801 SARASOTA, FL 34236 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SCHEER, RAINER Name: Name: 4909 GULF DRIVE #1B Address: Address: City-St-Zip: HOLMES BEACH, FL 34217 City-St-Zip: Title: Title: () Change () Addition () Delete ASUNCION DE LAS HERA, S Name: Name: 4909 GULF DRIVE #1B Address: Address: HOLMES BEACH, FL 34217 City-St-Zip: City-St-Zip: Title: Title: VD (X) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RAINER SCHEER PD 05/14/2008