2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2005 08:00 AM Secretary of State

Pincipal Place of Districts 312 CLEMINS STREET. #405 WEST PALM BEACH, FL 33401	DOCUMENT # P03000030624 1. Entity Name COBALT DESIGN STUDIOS, INC.							crétary of	State
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City & State	2. Principal Place of Business		3. Mailing Address				7		
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092005	Chg-P	CR2E034 (10/03)		
Second Country Count	City & Stat	e	City & State				306		<u>`</u>
Name	Zip	Country	Zip Country		ntry			□ \$8.75 Add	litional
Name		6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and A	ddress of New R	<u> </u>	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits fills statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signarum passes of printed water of registered agent and tits it applicable. (POTE Registered Agent agriculture reclied with in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatio			<u></u>		Name				
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8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am transition with, and accept the obligations of registered agent. Signature Signat	LIGHTHOU	JSE POINT, FL 33064			City			Zip Cod	e
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### After Riay 1, 2005 Fee will be \$550.00 10.	SIGNATURE	Signature, typed or printed name of registered agein	and little If applicable. (NC	TE. Registere	ed Agent signature required	t when reinstating)		DATE	
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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 1 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 trusted 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:

THE SIDE OF SIGNING OFFICER OR DIRECTOR

561.833.3840