
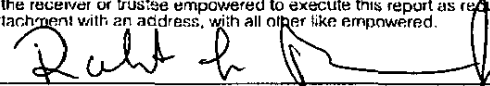


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90001 027 ***158.75

DOCUMENT # P03000050725 1. Entity Name MASTERPIECE'S DESIGN GROUP INC.					
Principal Place of Business 21967 BOCA WOODS LN BOCA RATON, FL 33428			Mailing Address 21967 BOCA WOODS LN BOCA RATON, FL 33428		
2. Principal Place of Business 14125 NORTH RD Suite, Apt. #, etc.		3. Mailing Address 14125 NORTH RD Suite, Apt. #, etc.			
City & State LOXAHATCHEE FL		City & State LOXAHATCHEE FL		4. FEI Number 76-0765026	
Zip 33470		Country PALM BEACH		5. Certificate of Status Desired - <input checked="" type="checkbox"/> S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REMSING, ROBERT L 21967 BOCA WOODS LN BOCA RATON, FL 33428			7. Name and Address of New Registered Agent Name REMSING, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 14125 NORTH RD City LOXAHATCHEE FL Zip Code 33470		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD REMSING, ROBERT L 21967 BOCA WOODS LN BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROBERT REMSING L 14125 NORTH RD LOXAHATCHEE FL 33470	<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
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: 			8-21-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		