
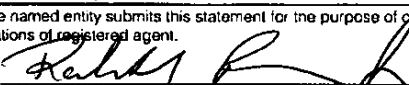
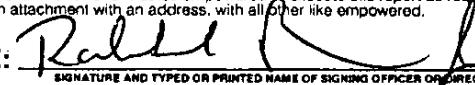


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3 Apr 22, 2005 8:00 am
Secretary of State

03-25-2005 90041 001 ***158.75

DOCUMENT # P03000050725			
1. Entity Name MASTERPIECE'S DESIGN GROUP INC.			
Principal Place of Business 14125 NORTH RD LOXAHATCHEE, FL 33470		Mailing Address 14125 NORTH RD LOXAHATCHEE, FL 33470	
2. Principal Place of Business 3191 SW 14 th PLACE #14		3. Mailing Address 3191 SW 14 th PLACE #14	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH FL		City & State BOYNTON BEACH FL	
Zip 33426	Country PALM BEACH	Zip 33426	Country PALM BEACH
4. FEI Number 76-0765020		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REMSING, ROBERT L 14125 NORTH RD LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name: REMSING Robert L. JR. Street Address (P.O. Box Number is Not Acceptable): 3191 SW 14 th PLACE #14 City: BOYNTON BEACH FL Zip Code: 33426	
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:  PRESIDENT DATE: 4-18-05 <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 After May 1, 2005 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	PSTD REMSING, ROBERT L 14125 NORTH RD LOXAHATCHEE, FL 33470 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD REMSING, Robert L JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3191 SW 14 th PLACE #14 BOYNTON BEACH FL 33426
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
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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. 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: 		Date: 3-10-05 Daytime Phone #: 561 251 9757	