

PAID Chk # 1322 (4-26-06)
FILED
 May 03, 2006 08:00 AM
 Secretary of State

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000057215



1. Entity Name
 D & B DESIGN STUDIOS, INC.

Principal Place of Business
 11548 BIG SKY COURT
 BOCA RATON, FL 33498

Mailing Address
 11548 BIG SKY COURT
 BOCA RATON, FL 33498



04152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 02-0698424 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, BROOKE J
 11548 BIG SKY COURT
 BOCA RATON, FL 33498

**DO NOT WRITE
 IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE MS
 NAME FRIEDMAN, BROOKE J
 STREET ADDRESS 11548 BIG SKY COURT
 CITY-ST-ZIP BOCA RATON, FL 33498

TITLE MRS
 NAME HOFBERG, DORENE G
 STREET ADDRESS 11548 BIG SKY COURT
 CITY-ST-ZIP BOCA RATON, FL 33498

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000000560792
 05/18/06-80054-002 150.00

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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Brooke J. Friedman 4-26-06 (954) 895-9378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #