2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000061631

1. Entity Name PARTNERS IN DESIGN, INC.



FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

2980 S. MCCALL RD

UNIT B

ENGLEWOOD, FL 34224

Mailing Address

2980 S. MCCALL RD

UNIT B

ENGLEWOOD, FL 34224



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01082006 No Chg-P CR2E034 (11/05)

4. FEI Number 83-1063383 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATTHEW, JAMES R 22212 MONTROSE AVENUE PORT CHARLOTTE, FL 33952

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The above named entity submits this statement for the p the obligations of registered agent.	ourpose of changing its registered office or regis	stered agent, or bot	h, in the State of Florida. I am familiar	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and file	if epplicable. {NOTE. Registered Agent signature redu	uliet when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		5.00 May Be Added to Fees	//000000383212 01/12/06-80042-025	150.00

10.	OFFICERS AND DIRECTORS
TITLE	PSTD
NAME	BIDWELL, RUTH
STREET ADDRESS	2980 SOUTH MCCALL ROAD
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	*
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
MILE	
NAME	
STREET ADDRESS	
CITY-SY-ZIP	
TITLE	
NAME	
STREET ADDRESS	
City-St-Zip	
unt	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
12. Thereby o	pertity that the information supplied with this filling does not qualify for the ex-

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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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-06 941-473-288