
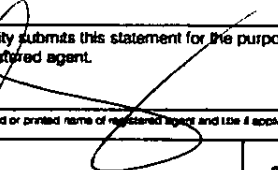
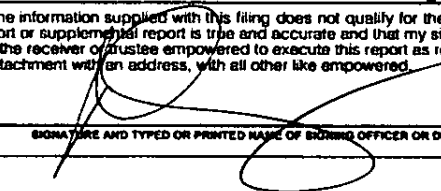


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90022 003 ***150.00

DOCUMENT # P03000147115 1. Entity Name DIMARE DESIGN GROUP, INC.			
Principal Place of Business 12700 BISCAYNE BLVD SUITE 300 MIAMI, FL 33181		Mailing Address 12700 BISCAYNE BLVD SUITE 300 MIAMI, FL 33181	
2. Principal Place of Business - No P.O. Box # 20000 E. Country Club Dr.		3. Mailing Address 20000 E. Country Club Dr.	
Suite, Apt. #, etc. Suite 1011		Suite, Apt. #, etc. Suite 1011	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180		Zip 33180	
Country USA		Country USA	
4. FEI Number 43-2040153		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSENBERG, DEBORAH 21055 YACHT CLUB DR APT 1706 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name: Rosenberg Deborah Street Address (P.O. Box Number is Not Acceptable): 20000 E. Country Club Dr. Aventura City: Aventura FL Zip Code: 33180	
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: 		DATE: 3/27/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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: PST NAME: DIMARE, DEBORAH STREET ADDRESS: 21055 YACHT CLUB DR 1706 CITY-ST-ZIP: AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE: PST NAME: DIMARE DEBORAH STREET ADDRESS: 20000 E. Country Club Dr. CITY-ST-ZIP: Aventura FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: DIMARE, CLAUDETTE STREET ADDRESS: 2294 WINDJAMM WAY CITY-ST-ZIP: WEST PALM BEACH, FL 33411	<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
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 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: 		DATE: 3/27/06	