2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 03, 2006 08:00 AM Secretary of State

DOCUMENT # P03000150032 1. Entity Name CODY DESIGN ENTERPRISES, INC.				Secretary of State
Principal Place of Business Mailing Address 6449 QUINTETTE RD 6449 QUINTETTE RD PACE, FL 32571 PACE, FL 32571			reprinted to Brown the said with Said Said (Said Said Said Said Said Said Said Said	
ם	O NOT WRITE	IN THIS SPA	CE	03302006 No Chg-P CRZE034 (11/05) 4. FE (Number Applied For
				20-0475263 [Not Applicable] 5. Certificate of Status Desired [] \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CODY, STEVEN P 6449 QUINTETTE RD PACE, FL 32571				DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registered office or registered like obligations of registered agent. SIGNATURE Signature, typed or prized name of registered agent and trio (applicable). (MOTE: Registered Agent agriculture required with the purpose of changing its registered office or registered like obligations. (MOTE: Registered Agent agriculture required with the purpose of changing its registered office or registered like obligations. SIGNATURE Signature, typed or prized name of registered agent and trio (applicable). (MOTE: Registered Agent agriculture required with the purpose of changing its registered office or registered like obligations.) After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				
After Ma	OFFICERS AND D			60 (0 (469)
NAME STREET ADDRESS CITY-57-2IP DILE	P CODY, STEVEN P 6449 QUINTETTE RD PACE, FL 32571		-	U00000489653 04/18/06-80025-009 (50,
NAME STREET ADDRESS CKTY-ST-ZIP				
TITLE NAME SINEET ADDRESS CITY-ST-ZIP			_	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CKTY-ST-ZIP				
TITLE NAME STREET ADDRESS GITY-ST-ZIP				
12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I humer carify 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.				