

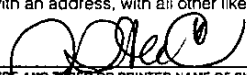


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90019 015 ***150.00

DOCUMENT # P04000011554 1. Entity Name DRAGONFLY DESIGN OF TALLAHASSEE, INC.					
Principal Place of Business 2020 RAIN VALLEY COURT TALLAHASSEE, FL 32308			Mailing Address 2020 RAIN VALLEY COURT TALLAHASSEE, FL 32308		
2. Principal Place of Business 1157 Rainbow's End Rd.		3. Mailing Address P.O. Box 12071			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Monticello, FL		City & State Tallahassee, FL		4. FEJ Number 20-0601057	
Zip 32344		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32317		Country USA		6. Name and Address of Current Registered Agent STARK, SANDRA J 2020 RAIN VALLEY COURT TALLAHASSEE, FL 32308	
7. Name and Address of New Registered Agent Name Sandra J. Stark		Street Address (P.O. Box Number is Not Acceptable) 1157 Rainbow's End Road			
City Monticello		State FL		Zip Code 32344	
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  (SANDRA STARK) 03/27/05 <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	PVST STARK, SANDRA J 2020 RAIN VALLEY COURT TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1157 RAINBOW'S END RD. Monticello, FL 32344
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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:  SANDRA STARK			03/27/05 (850) 545-3201		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		