

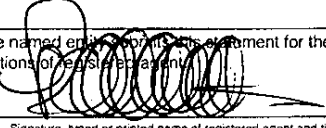
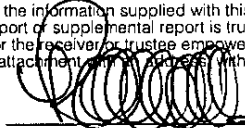


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90292 032 \*\*\*150.00

<b>DOCUMENT # P04000079343</b> 1. Entity Name <b>CROMARTIE DESIGN MANAGEMENT, INC.</b>																													
Principal Place of Business <b>4309 PABLO OAKS CT JACKSONVILLE, FL 32224</b>			Mailing Address <b>4309 PABLO OAKS CT JACKSONVILLE, FL 32224</b>																										
2. Principal Place of Business <b>7400 NW 193rd Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 787</b> Suite, Apt. #, etc.																											
City & State <b>Orange Lake, FL</b>		City & State <b>Orange Lake, FL</b>		4. FEI Number <b>202486625</b>																									
Zip <b>32681</b>		Zip <b>32681</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>HENDERSON KEASLER LAW FIRM, PA 4309 PABLO OAKS CT JACKSONVILLE, FL 32224</b>				7. Name and Address of New Registered Agent Name <b>Robert A. Cromartie</b> Street Address (P.O. Box Number is Not Acceptable) <b>7400 NW 193rd Street</b> City <b>Orange Lake</b> <b>FL</b> Zip Code <b>32681</b>																									
8. The above named entity hereby certifies its 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  <b>Robert A. Cromartie</b> <b>3/30/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td><b>STODGHILL, CURTIS</b></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>4309 PABLO OAKS CT</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>JACKSONVILLE, FL 32224</b></td> </tr> </table>			TITLE	NAME	Delete		<b>STODGHILL, CURTIS</b>	<input checked="" type="checkbox"/>	STREET ADDRESS	<b>4309 PABLO OAKS CT</b>		CITY-ST-ZIP	<b>JACKSONVILLE, FL 32224</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td></td> <td><b>Robert Cromartie</b></td> <td style="text-align: right;"><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>7400 NW 193rd Street</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>Orange Lake, FL 32681</b></td> </tr> </table>			TITLE	NAME	Change Addition		<b>Robert Cromartie</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	<b>7400 NW 193rd Street</b>		CITY-ST-ZIP	<b>Orange Lake, FL 32681</b>	
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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 all other like empowered.																													
SIGNATURE:  <b>ROBERT A. Cromartie</b> <b>3/30/05</b> <b>352-591-5888</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													