2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2008 08:00 A Secretary of State

ANNUAL REPORT				Secretary of St			
	MENT # P040000837				croung (
1. Entity Name GOLD DESIGN GROUP, INC.							
Principal Place of Business Mailing Address		<u>-</u>					
1253 BURNING TREE LANE 1253 BURNING TREE LANE WINTER PARK, FL 32792 WINTER PARK, FL 32792							
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				03042008	No Chg-P (CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number		Applie	ed For
**		· · · · · · · · · · · · · · · · · · ·		68-0586	6759	Not Ar	oplicable
				5. Certificate of	of Status Desired	Fee Required	nai
<u> </u>	6. Name and Address of Current Re	gistered Agent		54			, ,
GOLDSTEIN, KAREN 1253 BURNING TREE LANE				DO	NOT WR	ITE	
WINTER I	PARK, FL 32792		80	IN T	HIS SPA	CE	
							7 7 7 8
	a named entity submits this statement for the	e purpose of changing its register	l and office or register	ed agent, or both	n, in the State of Florida	. I am familiar with, and	accept
a * * * * *	tions or registered agent.			· · · · ·			,
SIGNATURE	Signature, typed or printed name of registered agent and	title it applicable C (NOTE Registere	d Agent signature required	when reinstating)		DATE (d. " et	ite .
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees	U000008	:55772	
10.	· OFFICERS AND DIF	RECTORS	V/ 6	11.5%	03/27/03-8	30063-014 15	3.00
TITLE NAME	D GOLDSTEIN, KAREN						
STREET ADDRESS CITY-ST-ZIP	1253 BURNING TREE LANE WINTER PARK, FL 32792						
TITLE	THE SECOND					, 11 2 1 1	
NAME STREET ADDRESS		•	*.		and and		
CITY-S1-ZIP							
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STREET ADDRESS CITY-ST-ZIP	د ن						
. TITLE **	***						
NAME .	1 18 * 10						1

12. Thereby certify that the information supplied with this filling 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.

1/00/

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27-457-44 Deylime Phone #