


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90434 047 ***150.00

DOCUMENT # P04000084405 1. Entity Name FOREDESIGN, INC.					
Principal Place of Business 13225 WHISPER BAY DR CLERMONT, FL 34711			Mailing Address 13225 WHISPER BAY DR CLERMONT, FL 34711		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 37-1490577			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 AHRENS, SHARON J 10215 WOODFORD BRIDGE ST TAMPA, FL 33626			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Sharon Ahrens</i></u> x 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P AHRENS, SHARON J 10215 WOODFORD BRIDGE ST TAMPA, FL 33626 <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	
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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: <u><i>Sharon Ahrens</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			x 4/26/06 813-494-6175 <small>Date Daytime Phone #</small>		

ATTACHMENT

20041828

#P04000084405

Douglas F. Edwards, CPA, PA

Certified Public Accountant
4025 Tampa Road, Suite 1111
Oldsmar, FL 34677

Pinellas: 727-447-8888

Hillsborough: 813-855-5433

Fax: 813-855-6010

Douglas F. Edwards, CPA

March 11, 2006

Florida 2006 For Profit Corporation Annual Report

To: **Foredesign, Inc.**

1. This tax will be **LATE** after.....April 30, 2006
2. Please make your check for..... \$150.00 (after April 30, 2006, the fee is \$550.00!)
3. Payable to.....**FLORIDA DEPARTMENT OF STATE**
4. Write your Florida Document Number (**P04000084405**) on your check.
5. This is for payment of your.....**Florida 2006 Annual Report Filing Fee**
6. Have a Corporate Officer sign the enclosed where indicated before mailing.
7. Mail the attached forms using the envelope provided, to:

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

8. Retain a signed COPY of the Form for your records.
9. Forward a copy of the signed Annual Report to my office, for my records.

COMPLETE THE FOLLOWING INFORMATION AND RETURN THIS FORM TO US:

Date paid 4 / 26 / 06 Amount paid \$ 150.00 CK# 1012

If you have any questions, please call us.

Douglas F. Edwards, CPA, PA