

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90052 042 ***150.00

DOCUMENT # P04000090338 1. Entity Name D2 DESIGN, INC.					
Principal Place of Business 4451 NW 9TH CT COCONUT CREEK, FL 33066			Mailing Address 4451 NW 9TH CT COCONUT CREEK, FL 33066		
2. Principal Place of Business - No P.O. Box # 3652 Brookstone Dr.		3. Mailing Address 3652 Brookstone Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Cookeville TN		City & State Cookeville TN		4. FEI Number 16-1701492	
Zip TN 38506		Country USA		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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Janet P. Serocki Street Address (P.O. Box Number is Not Acceptable) 4451 NW 9th Ct City Coconut Cr. FL Zip Code 33066		
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 Janet P. Serocki <i>Janet P. Serocki</i> 4/5/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (If FIC Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PTD SEROCKI, JANET P 4451 NW 9TH CT COCONUT CREEK, FL 33066		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SEROCKI, PHILIP J 4451 NW 9TH CT COCONUT CREEK, FL 33066		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		<input type="checkbox"/> Delete		
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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"/> Delete		
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: <i>Philip Serocki</i> VSD Philip Serocki 4/5/2008 954-254-3366 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					