

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117582

Entity Name: FLA DESIGN TEAM, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

5139 MANATEE AVE W
BRADENTON, FL 34209

New Principal Place of Business:

5109 MANATEE AVE W
BRADENTON, FL 34209

Current Mailing Address:

5139 MANATEE AVE W
BRADENTON, FL 34209

New Mailing Address:

5109 MANATEE AVE W
BRADENTON, FL 34209

FEI Number: 57-1211279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, GALE
7500 40TH AVENUE WEST, #201
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: O'BRIEN, GALE
Address: 7500 40TH AVE W # 201
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: O'BRIEN, GALE
Address: 7500 40TH AVE WEST, # 209
City-St-Zip: BRADENTON, FL 34209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE O'BRIEN

PVST

04/07/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date