2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: Arthur Rosenhaim

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P04000121862 1. Entity Name 04-16-2007 90327 005 ***150 00 SPACE DESIGN, CORP. Principal Place of Business Mailing Address 16558 NE 26TH AVE 16558 NE 26TH AVE 40063846 #6G EAST #6G EAST NO. MIAMI BEACH, FL 33160 NO. MIAMI BEACH, FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 19077 W Dixic Hwy 19077 W Dixic Hwu Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 Chg-P CR2E034 (12/06) North Miami Beach, Fl City & State Applied For 4. FEI Number Miami Beach 20-1534786 Not Applicable Country US Country \$8.75 Additional 33/80 33180 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Arthur Rosenheim ROSENHIEM, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 16558 NE 26TH AVE #6G EAST NO. MIAMI BEACH, FL 33160 19077 W Dixie Hwy Beach North Miami 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. Arthur Rosenheim Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Arthur Rosenheim TITLE ROSENHIEM, ARTHUR NAME NAME 19077 W Dixie Hwy STREET ADDRESS 16558 NE 26TH AVE #6G EAST STREET ADDRESS North Miami Beach, FL 33180 CITY-ST-ZIP N. MIAMI BEACH, FL 33160 CITY-ST-ZIP VP TITLE TITLE Delete Change ☐ Addition NAME ROSENHEIM, ALEEN NAME STREET ADDRESS 16558 NE 26TH AVE #6G EAST STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH, FL 33160 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP 12. I hereby 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.

FILED