
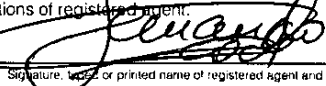
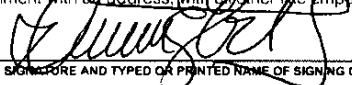


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90075 002 \*\*\*150.00

<b>DOCUMENT # P04000125558</b>					
<b>1. Entity Name</b> MEDIA DESIGN SERVICES, INC.					
<b>Principal Place of Business</b> 5270 GOLDEN GATE PKWY STE 119 NAPLES, FL 34116 US			<b>Mailing Address</b> 5270 GOLDEN GATE PKWY STE 119 NAPLES, FL 34116 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 8307 VALIANT DR		<b>3. Mailing Address</b> 8307 Valiant Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> NAPLES FL		<b>City &amp; State</b> NAPLES FL		<b>4. FEI Number</b> 20-1566959	
<b>Zip</b> 34104		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LATINOS, SERVICIOS DAVE 6006 REDIO RD NAPLES, FL 34104			<b>7. Name and Address of New Registered Agent</b> Name: SPL INCOME TAX CORP Street Address (P.O. Box Number is Not Acceptable): 6006 RADIO RD City: NAPLES FL Zip Code: 34104		
<b>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.</b> SIGNATURE:  DATE: 3/6/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> V <b>NAME</b> EGBERTS, DIANA M <b>STREET ADDRESS</b> 847 RUE LABEAU CIR <b>CITY-ST-ZIP</b> FT MYERS, FL 33913	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> EGBERTS, DIANA M. <b>STREET ADDRESS</b> 8307 VALIANT DR <b>CITY-ST-ZIP</b> NAPLES FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> EGBERTS, DIANA M <b>STREET ADDRESS</b> 3962 RECREATION LN <b>CITY-ST-ZIP</b> NAPLES, FL 34116	<input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Delete		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 or without other fee empowered.</b>					
<b>SIGNATURE:</b> 			239-641-9379 3/6/2008 <small>Date Daytime Phone #</small>		