


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90023 040 \*\*\*150.00

<b>DOCUMENT # P04000131094</b> 1. Entity Name <b>DESIGN 5, INC.</b>					
Principal Place of Business <b>4579 10TH AVE NORTH SAINT PETERSBURG, FL 33713</b>			Mailing Address <b>6822 22ND AVE NORTH #416 SAINT PETERSBURG, FL 33710</b>		
2. Principal Place of Business - No P.O. Box # <b>4655 EAGLE COVE BLVD.</b>		3. Mailing Address <b>4855 EAGLE COVE BLVD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>PALM HARBOR, FL</b>		City & State <b>PALM HARBOR, FL</b>		4. FEI Number <b>76-0769969</b>	
Zip <b>34685</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERREIRA, DIONE H 4579 10TH AVE NORTH SAINT PETERSBURG, FL 33713</b>		7. Name and Address of New Registered Agent Name <b>DIONE FERREIRA STILLWELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>4855 EAGLE COVE BLVD.</b> City <b>PALM HARBOR FL</b> Zip Code <b>34685</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. SIGNATURE: <i>Dione F. Stillwell</i> <b>DIONE F. STILLWELL - PRESIDENT 5.2.07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing <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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FERREIRA, DIONE H</b> <b>4579 10TH AVE NORTH</b> <b>SAINT PETERSBURG, FL 33713</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/S</b> <b>DIONE F. STILLWELL</b> <b>4855 EAGLE COVE BLVD.</b> <b>PALM HARBOR, FL 34685</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FERREIRA, DIONE H</b> <b>4579 10TH AVE NORTH</b> <b>SAINT PETERSBURG, FL 33713</b>	<input checked="" 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	<b>T</b> <b>FERREIRA, DIONE H</b> <b>4579 10TH AVE NORTH</b> <b>SAINT PETERSBURG, FL 33713</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JONATHAN S. STILLWELL</b> <b>4855 EAGLE COVE BLVD.</b> <b>PALM HARBOR, FL 34685</b>	<input checked="" 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
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: <i>Dione F. Stillwell</i> <b>DIONE F. STILLWELL 5.2.07 813.244-4299</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40110061

#P04000131094

Design 5, Inc.  
Dione Ferreira Stillwell  
4855 Eagle Cove Blvd.  
Palm Harbor, FL 34685

May 2, 2007

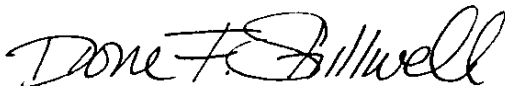
Division of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302

To Whom It May Concern:

I attempted to file my 2007 Annual Report online on May 1, 2007 and continued to receive the notice that the public access system was unable to process my request. After several failed attempts to contact you by phone, I finally reached one of your representatives on May 2<sup>nd</sup>. He advised me that the system was not working due to the high volume of users who were filing online. He advised me to download the form when the system was up and mail the \$150.00 payment. He stated that the late fee would be waived because your website was unable to process my annual report.

Enclosed, please find a check in the amount of \$150.00.

Sincerely,



Dione Ferreira Stillwell - President