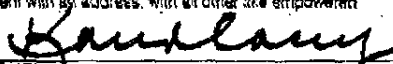


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000131455																																		
1. Entity Name DESIGNED DRAINAGE CONTROL, INC.																																		
Principal Place of Business 3433 LITHIA PINECREST ROAD #313 VALRICO, FL 33594		Mailing Address 3433 LITHIA PINECREST ROAD #313 VALRICO, FL 33594																																
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent DACEY, JOSEPH M 3433 LITHIA PINECREST ROAD #313 VALRICO, FL 33594		 04262008 No Chg-P CR2E034 (11/06) 4. FEI Number 20-1640624 5. Certificate of Status Checked ☐ \$8.75 Additional Fee Required (Applied For / Not Applicable)																																
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 _____ DATE _____ (Signature is typed or printed name of registered agent and must be appropriate. Do not print name of Agent; sign, if required when (a) required.)																																		
FILE NOW!!! FEE IS \$160.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>DACEY, JOSEPH M</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3433 LITHIA PINECREST ROAD #313</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALRICO, FL 33594</td> </tr> <tr> <td>TITLE</td> <td>D</td> </tr> <tr> <td>NAME</td> <td>DACEY, KAREN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>3433 LITHIA PINECREST ROAD #313</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALRICO, FL 33594</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	D	NAME	DACEY, JOSEPH M	STREET ADDRESS	3433 LITHIA PINECREST ROAD #313	CITY-ST-ZIP	VALRICO, FL 33594	TITLE	D	NAME	DACEY, KAREN	STREET ADDRESS	3433 LITHIA PINECREST ROAD #313	CITY-ST-ZIP	VALRICO, FL 33594	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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 my address, with all other title empowered.																																		
SIGNATURE: 		4-27-06 813672-9880 Date Daytime Phone #																																