## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000134534

City-St-Zip:

KINGSTON 19 JAMAICA,

FILED Apr 29, 2005 Secretary of State

Entity Name: DESIGN HOUSE INTERNATIONAL, INC							
Current Principal Place of Business:				New Principal Place of Business:			
9781 S.W. 216TH TERRACE MIAMI, FL 33190				11574 SW 149 COURT MIAMI, FL 33196			
Current Mailing Address:				New Mailing Address:			
9781 S.W. 216TH TERRACE MIAMI, FL 33190				11574 SW 149 COURT MIAMI, FL 33196			
FEI Number:		FEI Number Applied For (X)	FEI Num	mber Not Applicable ( )		Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LLOYD, DOROTHEA 9781 S.W. 216TH TERRACE MIAMI, FL 33190 US				LLOYD, DOROTHEA 11574 SW 149 COURT MIAMI, FL 33196 US			
The above in the State		bmits this statement for the p	ourpose of	f changing it	ts registered o	ffice or registered	l agent, or both,
SIGNATURE: D. LLOYD				04/29/2005			
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing 1	rust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D LLOYD, DOROTH 9781 S.W. 216TH MIAMI, FL 33190	EA TERRACE		Title: Name: Address: City-St-Zip:	D (X) LLOYD, DORO 11574 SW 149 MIAMI, FL 3319	COURT	
Title: Name: Address: City-St-Zip:	D () C CANELON, ELSA 15770 SW 106TH MIAMI, FL 33196	TERRACE APT. 108		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address:	D () D LLOYD, CAROL 5 HIGHLAND CLO			Title: Name: Address:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: DOROTHEA LLOYD **PRES** 04/29/2005