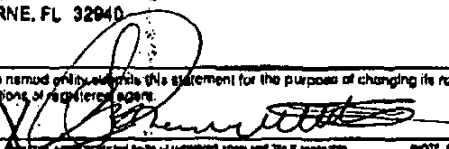
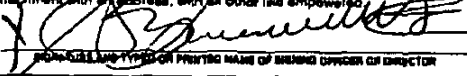


FILED
Jun 08, 2005 8:00 am
Secretary of State

05-11-2005 90123 025 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000138223			
1. Entity Name CONSIGN AND DESIGN INTERIORS, INC.			
Principal Place of Business 2955 PINEDA CAUSEWAY 124 MELBOURNE, FL 32940 US		Mailing Address 2955 PINEDA CAUSEWAY 124 MELBOURNE, FL 32940 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent ROSSETTE, ELIZABETH 2955 PINEDA CAUSEWAY SUITE 124 MELBOURNE, FL 32940		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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: 		5/9/05	
FILE MONTHLY FEE IS \$150.00 Due by September 7, 2005		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete ROSSETTE, ELIZABETH 2955 PINEDA CAUSEWAY, SUITE 124 MELBOURNE, FL 32940	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statute. I further certify that the information included 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 Statute; 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: 		5/9/05 381-751-4133	
RESPONSIBLE AND PRINTED OR PRINTING NAME OF SHARED OFFICER OR DIRECTOR		Date	

66022353



05092005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-1704893 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

NOTE: Registered agent signature required when adding or deleting