
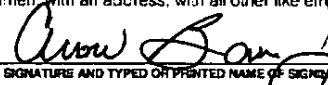


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90303 025 \*\*\*158.75

<b>DOCUMENT # P04000154129</b> 1. Entity Name <b>BACS DESIGN, INC.</b>																													
Principal Place of Business <b>14251 ISLAMORADA DRIVE</b> <b>ORLANDO, FL 32837 US</b>			Mailing Address <b>14251 ISLAMORADA DRIVE</b> <b>ORLANDO, FL 32837 US</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FEI Number <b>20-1919725</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>BACS, ARON</b> <b>14251 ISLAMORADA DRIVE</b> <b>ORLANDO, FL 32837</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																										
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td><b>BACS, ARON</b></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>14251 ISLAMORADA DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td><b>ORLANDO, FL 32837</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	<b>BACS, ARON</b>	<input type="checkbox"/>	STREET ADDRESS	<b>14251 ISLAMORADA DRIVE</b>		CITY-STATE-ZIP	<b>ORLANDO, FL 32837</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-STATE-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			04/12/05 107-850-6076																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>																										