


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90337 010 \*\*\*150.00

DOCUMENT # P04000161635  
 1. Entity Name  
 BUILDING DESIGN CONCEPTS, INC.



Principal Place of Business  
 314 OLD DUNN CT  
 LAKE MARY, FL 32746

Mailing Address  
 314 OLD DUNN CT  
 LAKE MARY, FL 32746

50010767



2. Principal Place of Business  
 1670 E. Hwy 50  
 Suite, Apt. #, etc. A  
 City & State  
 Clermont  
 Zip  
 34711  
 Country  
 USA

3. Mailing Address  
 1670 E. Hwy 50  
 Suite, Apt. #, etc. A  
 City & State  
 Clermont  
 Zip  
 34711  
 Country  
 USA

03292006 Chg-P CR2E034 (11/05)

4. FEI Number  
 20-1944367  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145

7. Name and Address of New Registered Agent  
 Name  
 Monty L Anderson  
 Street Address (P.O. Box Number is Not Acceptable)  
 314 Old Dunn Ct.  
 City  
 Clermont FL Zip Code  
 32746

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: *Monty L Anderson President* DATE: 3/30/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ANDERSON, MONTY 314 OLD DUNN CT LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other like empowered.

SIGNATURE: *Monty L Anderson President* DATE: 3/30/06 DAYTIME PHONE #: 352-394-9938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR