2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 29, 2007 08:00 AM **DOCUMENT # P05000003254 Secretary of State** A. KLEIN DESIGN, INC. Principal Place of Business Mailing Address 2201 HAMPSTEAD CT 2201 HAMPSTEAD CT SAFETY HARBOR, FL 34695 SAFETY HARBOR, FL 34695 No Chg-P CR2E034 (11/05) 01252007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-0534096 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MARQUARDT, MATTHEW ESQ DO NOT WRITE 625 COURT STREET STE 200 CLEARWATER, FL 33756 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) U000000605843 01/30/07-80054-017 150.00 \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME KLIEN, AMY STREET ADDRESS 2201 HAMPSTEAD CT CITY-ST-ZIP SAFETY HARBOR, FL. 34695 TITLE NAME STREET ADDRESS CITY-ST-TIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 with all other like empowered.

SIGNATURE:

CiTY-ST-7iP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR