

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90085 026 ***150.00

DOCUMENT # P05000009399 1. Entity Name PR IMAGE DESIGN, INC.					
Principal Place of Business 1889 CENTRAL COURT LAKE CLARKE SHORES, FL 33406			Mailing Address 9018 S NORMANDY LANE CENTERVILLE, OH 45458		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 1889 Central Court Suite, Apt. #, etc.			
City & State Lake Clarke Shores FL		City & State Lake Clarke Shores FL		4. FEI Number 20-2434681	
Zip 33406		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YOHE, MARK D C/O M.Y. FUTURE, 680 W INDUSTRIAL AVE #4 BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name Holm, Penny Street Address (P.O. Box Number is Not Acceptable) 1889 Central Court City Lake Clarke Shores FL		
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 Penny Holm Director		
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME HOLM, PENNY		TITLE D	NAME HOLM, Penny	
STREET ADDRESS 9018 S NORMANDY LN	CITY-ST-ZIP CENTERVILLE, OH 45458		STREET ADDRESS 1889 Central Court	CITY-ST-ZIP Lake Clarke Shores, FL 33406	
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:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/7/07		