


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90176 004 ***150.00

DOCUMENT # P05000022203 1. Entity Name DESIGNONE LIMA INTERNATIONAL CORP																													
Principal Place of Business 7444 SUGAR BEND DRIVE ORLANDO, FL 32819			Mailing Address 7444 SUGAR BEND DRIVE ORLANDO, FL 32819																										
3. Principal Place of Business 5127 GATEWAY AVE Suite, Apt. #, etc.			3. Mailing Address 5127 GATEWAY AVE Suite, Apt. #, etc.																										
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 95-1910184																									
Zip 32821		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DE LIMA, JULIO FISCHER 7444 SUGAR BEND DRIVE ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name DE LIMA JULIO FISCHER Street Address (P.O. Box Number is Not Acceptable) 5127 GATEWAY AVE City ORLANDO State FL Zip Code 32821																									
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: <u><i>x Julio Fischer Lima</i></u> DATE: <u>08/13/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LIMA, JULIO FISCHER D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7444 SUGAR BEND DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32819</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 15%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LIMA JULIO FISCHER D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5127 GATEWAY AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32821</td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	LIMA, JULIO FISCHER D		STREET ADDRESS	7444 SUGAR BEND DRIVE		CITY-ST-ZIP	ORLANDO, FL 32819		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LIMA JULIO FISCHER D		STREET ADDRESS	5127 GATEWAY AVE		CITY-ST-ZIP	ORLANDO, FL 32821	
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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: <u><i>x Julio Fischer Lima</i></u> Date: <u>08/13/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

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