2006 FOR PROFIT RPORATION

FILED Feb 27, 2006 8:00 am

	ANNUAL	REPORT	→ Secretary of State	,	
DOCU	MENT # P05000032	912		02-27-2006 90049 022 ***150.00	
1. Entity Name MYDIGITALDESIGN.COM, INC.				02-27-2000 90049 022 130.00	
			91110		
Principal Plac		Mailing Address			
5821 SOUTH 38 COURT 5821 SOUTH 38 COURT GREENACRES, FL 33463 US GREENACRES, FL 33463					
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2 Bringing Place of Bysiness Ora 19 Auguing Address			nmo		
Suite Och etc. 3340 Suite, Apt. #, etc.				02212006 Chg-P CR2E034 (11/05)	
City & State City & State				4. F5 Number 999 Applied F6 Not Applied F6	
Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional	24010
	6. Name and Address of Current F	Registered Agent	- 	7. Name and Address of New Registered Agent	
			Name		
DOMINGUEZ, GADDI 5821 SOUTH 38 COURT			Street Address (P.O. Box Number is Not Acceptable)		
GREENAC	CRES, FL 33463			•	
			City	FL Zip Code	
8. The apove 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) DATE					
FILE NOWILL FEE 19 \$450.00 9. Election Campaign Financing \$5.00 May Be					
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0			\$5.00 May Be Added to Fees	
10. 🏖	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P, S	☐ Delete	TITLE D	C 1 M Channe Date	dition
NAME STREET ADDRESS	DOMINGUEZ, GADDI 5821 SOUTH 38COURT		NAME STREET ADDRESS	ominguez, badar	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP	352 750 334650	
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CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	Change Ad	dition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ Delete	TITLE	☐ Change ☐ Ad	idition
NAME			NAME	٠. الموادية	
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filling 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 regioner 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 or an attachment with an address, with all other like empowered.

E OF SIGNING OFFICER OR DIRECTOR