

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90049 022 ***150.00

DOCUMENT # P05000032912					
1. Entity Name MYDIGITALDESIGN.COM, INC.					
Principal Place of Business 5821 SOUTH 38 COURT GREENACRES, FL 33463 US			Mailing Address 5821 SOUTH 38 COURT GREENACRES, FL 33463 US		
2. Principal Place of Business 5815 Georgia Ave Suite, Apt. #, etc. WBB, FL 33405			3. Mailing Address Same		
City & State			City & State		
Zip		Country		4. Filing Number 02212006 Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DOMINGUEZ, GADDI 5821 SOUTH 38 COURT GREENACRES, FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 DATE <u>02/24/06</u> <small>(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 <input type="checkbox"/> \$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	P, S DOMINGUEZ, GADDI 5821 SOUTH 38COURT GREENACRES, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, D DOMINGUEZ, GADDI 5821 SOUTH 38 COURT GREENACRES, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S Dominguez, Gaddi 5815 Georgia Ave WBB, FL 33405	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, D DOMINGUEZ, GADDI 5821 SOUTH 38 COURT GREENACRES, FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S Dominguez, Gaddi 5815 Georgia Ave WBB, FL 33405	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, D DOMINGUEZ, GADDI 5821 SOUTH 38 COURT GREENACRES, FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S Dominguez, Gaddi 5815 Georgia Ave WBB, FL 33405	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, D DOMINGUEZ, GADDI 5821 SOUTH 38 COURT GREENACRES, FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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			02/24/06 561-296-1174 Date Daytime Phone #		