From:TILLEY & CALLAHAN, PA, CPA's 904 730 7090 04

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Apr 25, 2006 8:00 am
Secretary of State
04-25-2006 90110 015 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000037325

1. Entity Name
...BY DESIGN OF DOCTORS INLET, INC.

40061990

Principal Place of Business	Mailing Address
2550 WINGFIELD LANE MIDDLEBURG, FL 32068	2550 WINGFIELD LANE MIDDLEBURG, FL 32068

04172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3600 PEORIA RD	Same 3600 Peoria Rd
Suite, Apt. #, etc.: Ste 103	Suite, Apt. #, etc.: Ste 103
City & State: Orange Park FL	City & State: Orange Park FL
Zip: 32065 Country: USA	Zip: 32065 Country: USA

4. FEI Number: 20-2755490 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SELF, JAMES M 2550 WINGFIELD LANE MIDDLEBURG, FL FL	Name: SELF, JAMES M. Street Address (P.O. Box Number is Not Acceptable): [redacted] SAME 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: James Michael Self 4/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution, ☐ **$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 SELF, J. MICHAEL 2550 WINGFIELD LANE MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SELF, KATIE 2550 WINGFIELD LANE MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENSCHEL, MICHAEL 1147 T SQUARE CT MIDDLEBURG, FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: James Michael Self, President 4/18/06 904-536-1430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #