

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90099 036 ***150.00

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1. Entity Name
MRG DESIGN, INC.



Principal Place of Business
**1499 SW 30TH AVE., SUITE 11
BOYNTON BCH, FL 33426**

Mailing Address
**1499 SW 30TH AVE., SUITE 11
BOYNTON BCH, FL 33426**

2. Principal Place of Business
1307 PINEHURST DR.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 885
Suite, Apt. #, etc.



01252006 Chg-P CR2E034 (11/05)

City & State
Boynton Beach, FL
Zip
33426
Country

City & State
Boynton Beach, FL
Zip
33425
Country

4. FEI Number
20-2591861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KRAMER, SCOTT
6650 W. INDIANTOWN RD., SUITE 200
JUPITER, FL 33458**

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

Signature, typed or printed name of registered agent and like filer(s).

(NOTE: Registered Agent signature required when reconstituting)

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

TITLE
NAME **D GALY, MELINDA R** ☐ Delete
STREET ADDRESS **815 W. BOYNTON BCH BLVD., APT. 16204**
CITY-ST-ZIP **BOYNTON BCH, FL 33426**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P/D GALY, MELINDA R.** ☒ Change ☐ Addition
STREET ADDRESS **1307 PINEHURST DR.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33426**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

4/10/06