

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045778

Entity Name: BONNEN DESIGNS INC.

FILED  
Apr 17, 2006  
Secretary of State

## Current Principal Place of Business:

3983 S. DOUGLAS ROAD  
COCONUT GROVE, FL 33133

## New Principal Place of Business:

## Current Mailing Address:

3983 S. DOUGLAS ROAD  
COCONUT GROVE, FL 33133

## New Mailing Address:

FEI Number: 20-2571320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BONNEN, MICHAEL  
3983 S. DOUGLAS ROAD  
COCONUT GROVE, FL 33133 US

## Name and Address of New Registered Agent:

BONNEN, MICHAEL D  
3983 S. DOUGLAS ROAD  
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: MICHAEL D. BONNEN

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BONNEN, MICHAEL  
Address: 3983 S. DOUGLAS ROAD  
City-St-Zip: COCONUT GROVE, FL 33133

Title: ST ( ) Delete  
Name: JOHNSON, ZOE  
Address: 3975 S. DOUGLAS ROAD  
City-St-Zip: COCONUT GROVE, FL 33133

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BONNEN, MICHAEL D  
Address: 3983 S. DOUGLAS ROAD  
City-St-Zip: COCONUT GROVE, FL 33133

Title: ST (X) Change ( ) Addition  
Name: JOHNSON, ZOE U  
Address: 3983 S. DOUGLAS ROAD  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. BONNEN

PD

04/17/2006

Electronic Signature of Signing Officer or Director

Date