2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 10, 2006 8:00 am
Secretary of State

05-03-2006 90213 004 ***150.00

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04302006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000051538

1. Entity Name
CITY DESIGN, INC.

Principal Place of Business	Mailing Address
~~3332 AVOCADO DRIVE~~ FORT MEYERS, FL ~~33901~~	~~3332 AVOCADO DRIVE~~ FORT MEYERS, FL ~~33901~~

2. Principal Place of Business	3. Mailing Address
1030 Alderman St	6900-29 Daniels Pkwy
Suite, Apt. #, etc.	Suite, Apt. #, etc. 150
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33916 Country: USA	Zip: 33912 Country: USA

4. FEI Number: 20-2658945 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEESE, JAMES
~~3332 AVOCADO DRIVE~~
FORT MYERS, FL ~~33901~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 6900-29 Daniels Pkwy #150

City: Fort Myers FL Zip Code: 33912

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] 4/30/06 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DIR. / LEESE, JAMES / ~~3332 AVOCADO DRIVE~~ / FORT MYERS, FL ~~33901~~	☐ Delete	President / 6900-29 Daniels Pkwy #150 / Fort Myers, FL 33912	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. / TURNS, MICHELE / 3332 AVOCADO ~~DRIVE~~ / FORT MYERS, FL ~~33901~~	☐ Delete	Vice president / 6900-29 Daniels Pkwy #150 / Fort Myers, FL 33912	☑ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Add

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.

James Leese [signature] president