## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 18, 2007 8:00 am Secretary of State **DOCUMENT # P05000055660** 01-18-2007 90104 018 \*\*\*150.00 1. Entity Name JOHN NEWHOUSE DESIGN, INC. KUUULOUD Principal Place of Business Mailing Address 3338 S.E. RIVER VISTA DRIVE 3338 S.E. RIVER VISTA DRIVE PORT ST. LUCIE, FL 34952 PORT ST. LUCIE, FL 34952 CR2E034 (11/05) 01062007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2677429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEWHOUSE, JOHN DO NOT WRITE 3338 S.E. RIVER VISTA DRIVE PORT ST. LUCIE, FL 34952 IN THIS SPACE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS Р TITLE NEWHOUSE, JOHN NAME STREET ADDRESS 3338 S.E. RIVER VISTA DRIVE CITY-ST-ZIP PORT ST. LUCIE, FL 34952 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 his 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED