2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072821

FILED Mar 23, 2009 Secretary of State

Entity Nan	ne: LEGACY	DESIGN GROUP, INC.			
Current Pr	incipal Place	of Business:	New Principal Place of	Business:	
	S STREET , FL 33772				
Current Ma	ailing Addres	ss:	New Mailing Address:	New Mailing Address:	
111125 PA STE 104-10 SEMINOLE					
FEI Number:	14-1930303	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of N	Name and Address of New Registered Agent:	
ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A DELTONA, FL 32725 US			HESHELOW, KATHY 5550 BATES STREET SEMINOLE, FL 33772	US	
The above in the State		submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATURE: KATHY HESHELOW				03/23/2009	
	Electror	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (HESHELOW, H 5550 BATES S SEMINOLE, FL	TREET	Title: (Name: Address: City-St-Zip:) Change() Addition	
Title: Name: Address: City-St-Zip:	VC (HESHELOW, K 5550 BATES S SEMINOLE, FL	Т	Title: (Name: Address: Citv-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: HARLAN HESHELOW PRES 03/23/2009