


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90406 040 \*\*\*150.00

**DOCUMENT # P05000145210**

1. Entity Name  
 SCHUTT DESIGNS INC.



Principal Place of Business      Mailing Address

1134 ROBERTS STRETET      1134 ROBERTS STRETET  
 ORMOND BEACH, FL 32174 US      ORMOND BEACH, FL 32174 US

**50012535**



2. Principal Place of Business      3. Mailing Address

*1134 Roberts Street*      *1134 Roberts Street*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03242006      Chg-P      CR2E034 (11/05)

City & State      City & State

*Ormond Bch, FL*      *Ormond Bch, FL*

Zip      Country      Zip      Country

*32174*      *US*      *32174*      *US*

4. FEI Number      Applied For

*20-3693085*      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

SCHUTT, THOMAS J  
 1134 ROBERTS STREET  
 ORMOND BEACH, FL 32174

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 \_\_\_\_\_ 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	PVST SCHUTT, THOMAS J 1134 ROBERTS STREET ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*      4-14-06 (386)8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #