

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

3) **FILED**
Apr 06, 2007 8:00 am
Secretary of State

03-12-2007 90086 027 ***150.00

DOCUMENT # P05000167585		
1. Entity Name SINCLAIR DESIGN GROUP INC		
Principal Place of Business 1612 FORTUNE DRIVE CLEARWATER, FL 33756 US		Mailing Address 1612 FORTUNE DRIVE CLEARWATER, FL 33756 US
2. Principal Place of Business - No P.O. Box # <i>475 Central Avenue</i>		3. Mailing Address <i>475 Central Avenue</i>
Suite, Apt. #, etc. <i>Suite M7</i>		Suite, Apt. #, etc. <i>Suite M7</i>
City & State <i>St. Petersburg, Florida</i>		City & State <i>St. Petersburg, Florida</i>
Zip <i>33701</i>	Country <i>US</i>	Zip <i>33701</i>
4. FEI Number <i>20-4026990</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01182007 Chg-P CR2E034 (12/06)
6. Name and Address of Current Registered Agent SINCLAIR, TIMOTHY M 1612 FORTUNE DRIVE CLEARWATER, FL 33756		7. Name and Address of New Registered Agent 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: <i>[Signature]</i> <i>President</i> DATE: <i>2/28/07</i> <small>(NOTE: Registered Agent signature required when constituting)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SINCLAIR, TIMOTHY M 1612 FORTUNE DRIVE CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T SINCLAIR, MATTHEW 175 2ND ST SOUTH APT 801 ST PETERSBURG, FL 33702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>2/28/07</i> Daytime Phone #: <i>800-780-3817</i>

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